

Name
in
Full

Charles Edwin Apple

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Burr

Alle

Date

of death 1903

Month

12

Day

24

Age

Years

Months

1

Days

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Samuel Apple

Father's
Birthplace

Ind

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Samuel Apple

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

Immediate

Ehancion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. B. McDonald

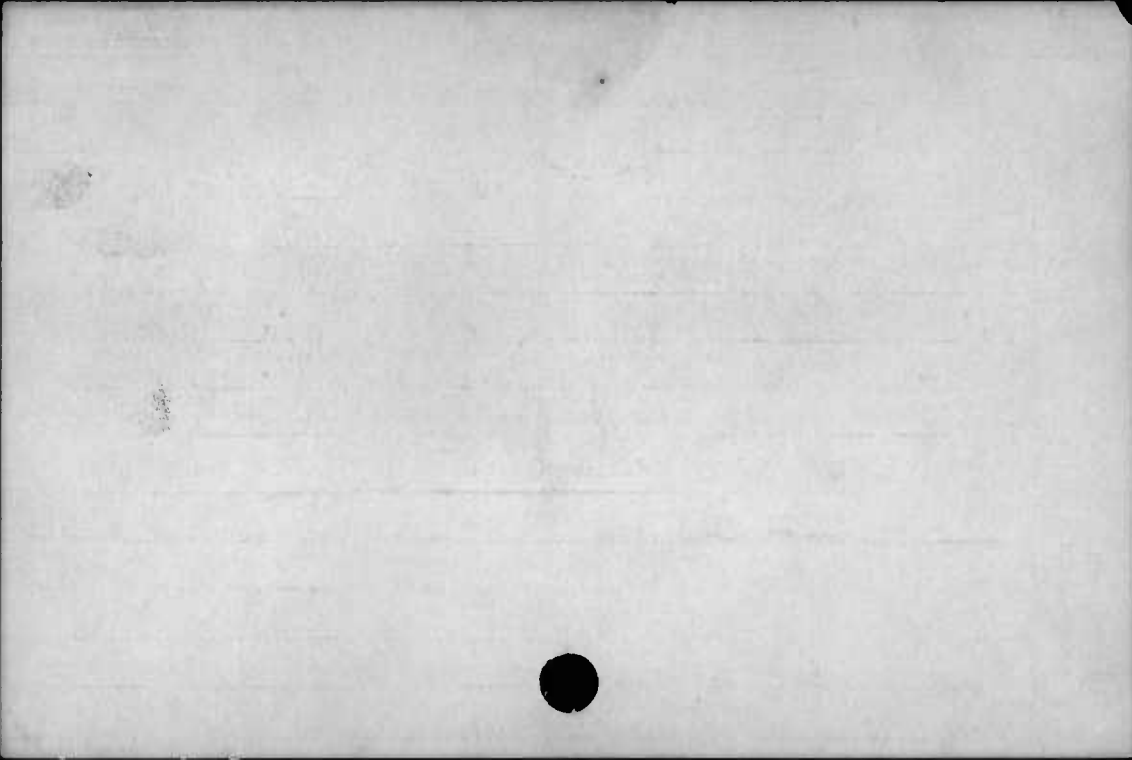
Address

Cumberland Md.

Accident or Suicide?

G. B. McDonald

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Willard Filmore Barth

CERTIFICATE OF DEATH

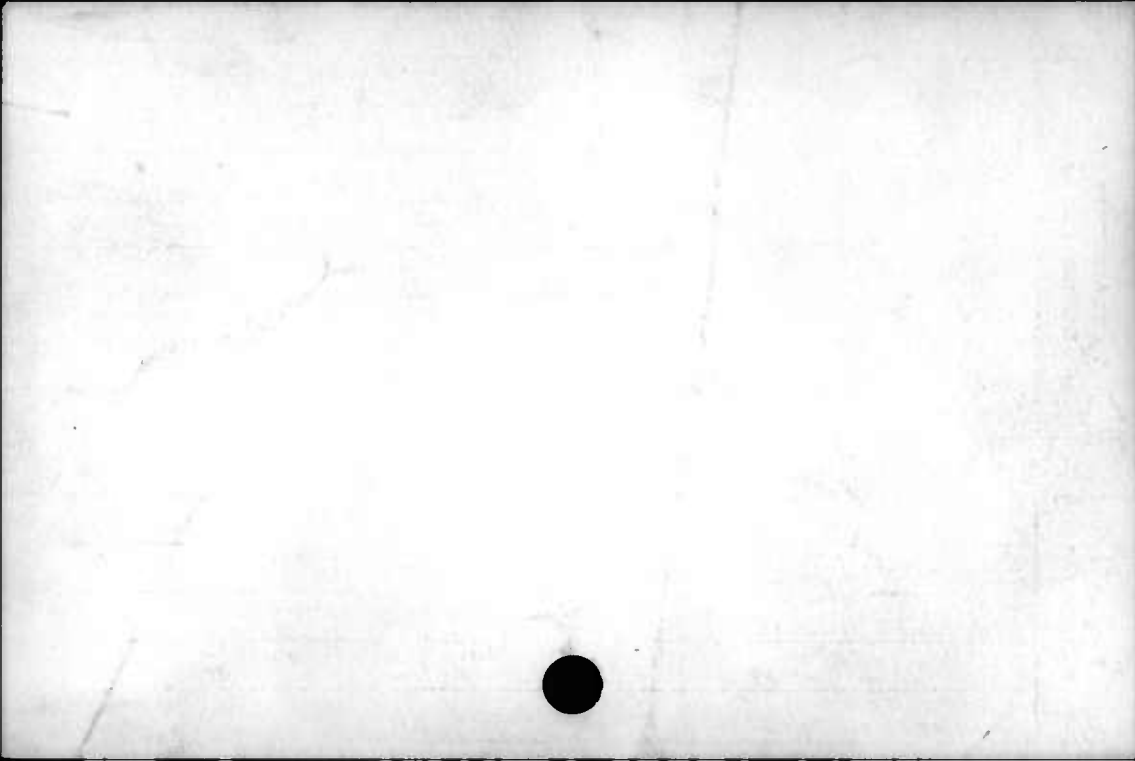
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Oldtown		Alegany					
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	Dec	19	3	8	6	
Sex	Male		Color or Race	White		Birth-place	Alegany Co.
Married, Single or Widowed	Single			Occupation	Miner		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Louis Barth				Ind.			
Mother's Maiden Name				Mother's Birthplace			
Louisa Wagoner				Ind.			
Name of person giving information				How related to deceased			
Louis Barth				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Cold	How long	1 week
Immediate	Heart failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. D. H. Hartadepo	
		Address	
		Old Town	
		Ind.	
Accident or Suicide?			



Name
in
Full

Anderson, Beckward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death 1903	Month Dec	Day 11	Age 34	Years	Months —	Days —	
Sex Male	Color or Race Colored		Birth- place W - Va				
Married, Single or Widowed Widower			Occupation Coochman				
Name of Wifa or Husband wife deceased							
Father's Name not known				Father's Birthplace not known			
Mother's Maiden Name Mary Beckward				Mother's Birthplace W - Va			
Name of person giving In formation Mrs Wilson				How related to deceased mother-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Indefinite
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. J. Duke	
Address		Cumberland Md	
Accident or Suicide?		—	



Name
in
Full

Robert Bennett

CERTIFICATE OF DEATH

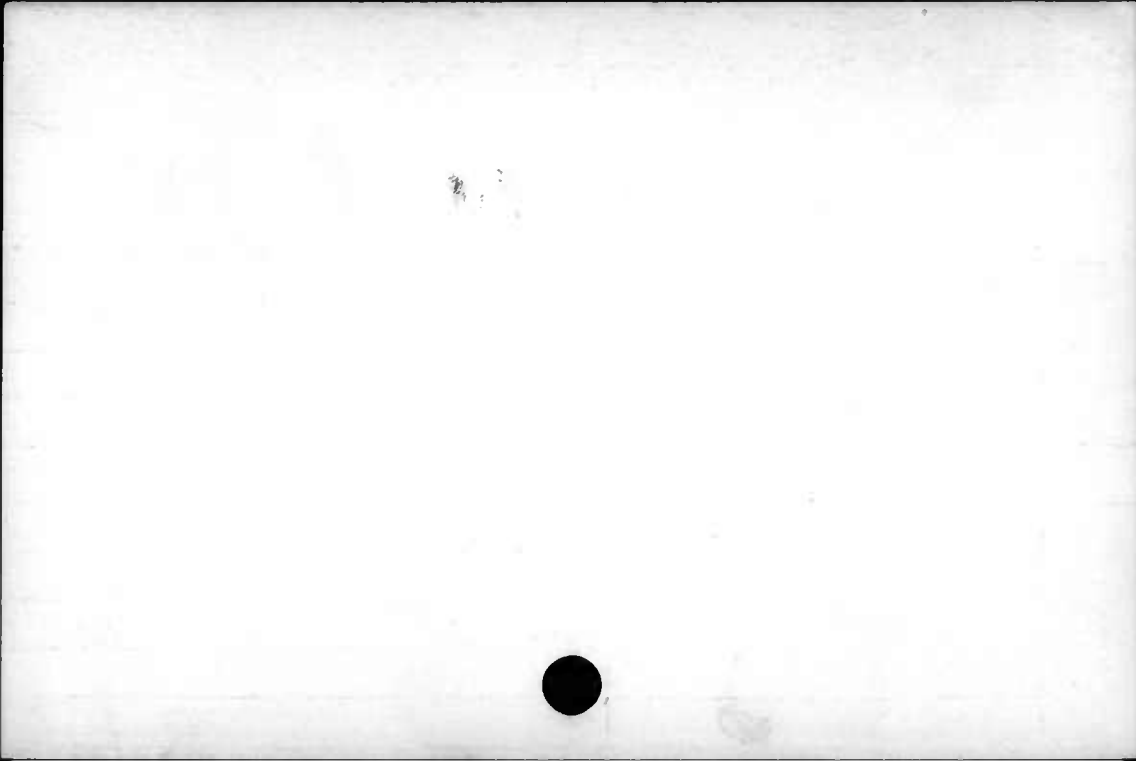
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Savage</u> ^{Town}		<u>Ally</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Dec</u> ^{Month}	<u>29</u> ^{Day}	<u>1</u> ^{Years}	<u>6</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Mt Savage</u>	
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Henry Bennett</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Phurria Lashley</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Etta Lashley</u>			How related to deceased <u>Aunt</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumo Pneumonia</u>	How long <u>1 week</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. J. L. Conway</u>
	Address <u>—</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Mrs Rachel Bruce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>10</i>	Age <i>53</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Henry Sleaves</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Insufficiency</i>	How long <i>Don't Know</i>
Immediate <i>Failure of Compensation</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. B. Laybrook M.D.</i>
<i>Yes</i>	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

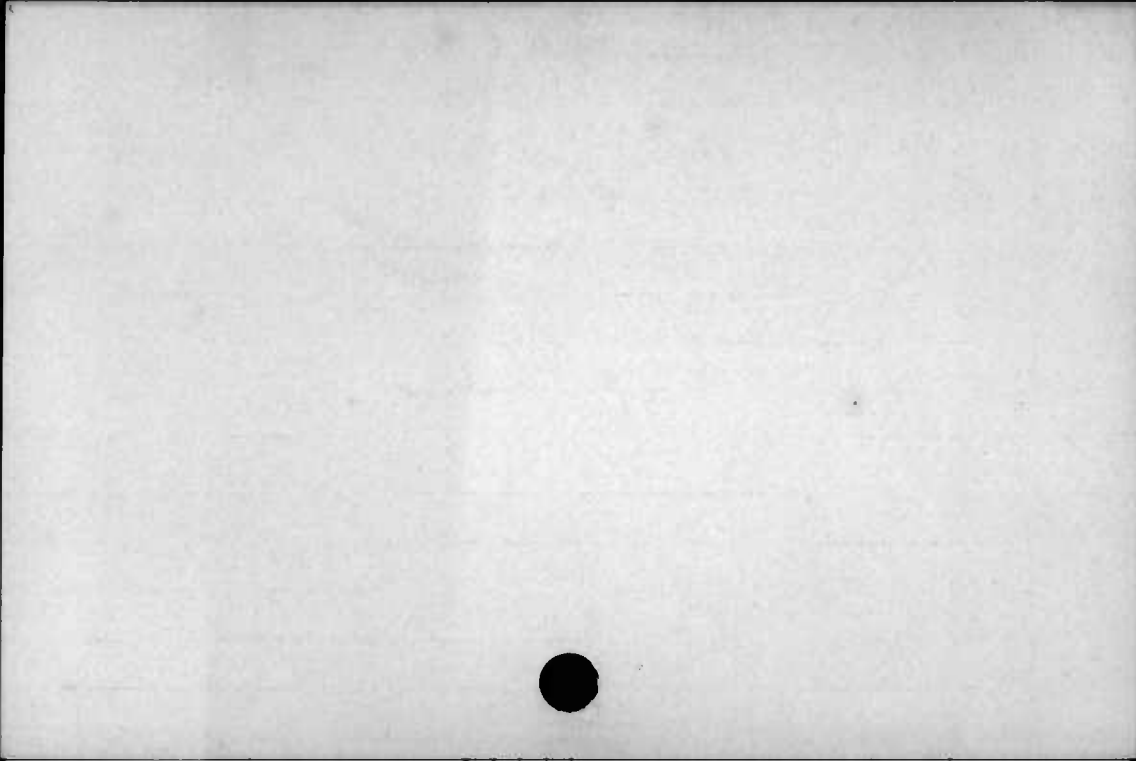
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1903	Month <i>5</i>	Day <i>30</i>	Age <i>20</i>	Years	Months <i>0</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Ralph H. Campbell</i>		<i>79</i>				Father's Birthplace <i>Pa</i>	
Mother's Maiden Name <i>Mary E. Campbell</i>						Mother's Birthplace <i>Pa</i>	
Name of person giving information <i>Mother</i>						How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial Insufficiency</i>	How long <i>Congenital</i>
Immediate <i>Thrombosis</i>	How long <i>100</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Broadbent</i>
	Address <i>25 Van... Cumm... Ind.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Patsy Caroco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumteland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1903	Month <i>Dec</i>	Day <i>24th</i>	Years <i>35</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>			Birth- place			
Occupation <i>Labourer</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Injury to Head</i>	How long <i>7 days</i>
Immediate	<i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. C. Miller</i>
		Address <i>Cumteland Md.</i>
Accident or Suicide?		

11



Name
in
Full

Samuel Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Mt. Savage ^{Town}

Ally ^{County}

Date
of death 1903

Month
Dec

Day
28

Age 35 ^{Years}

Months

Days

Sex Male

Color or
Race White

Birth-
place Pa

Married, Single
or Widowed Single

Occupation Laborer

Name of Wife or
Husband

Father's
Name Henry Connor

Father's
Birthplace Pa

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation Henry Connor

How related
to deceased Father

CAUSES OF DEATH

Primary Lobar Pneumonia

How long 4 or 5 days

Immediate

How long

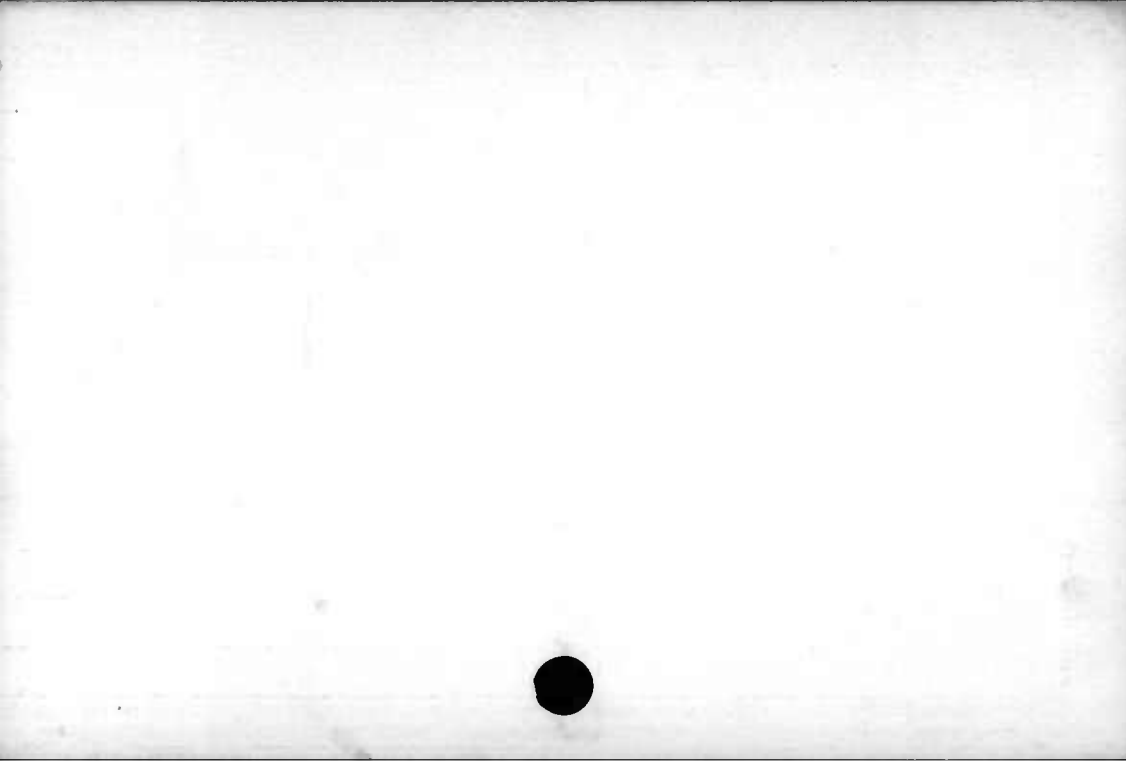
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician W. J. L. Conroy

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton</i> Town		<i>Alegany</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>8</i>	Age <i>—</i> Years	Months <i>3</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>—</i>		
Married, Single or Widowed <i>infant</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Newton Cooper</i>			Father's Birthplace <i>90</i>		
Mother's Maiden Name <i>Lousia A. Cooper</i>			Mother's Birthplace		
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>one week</i>
Immediate <i>spasms</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Thompson</i>
	Address <i>63 N. Main Street</i>
Accident or Suicide?	



Name
in
Full

Margaretoughline

CERTIFICATE OF DEATH

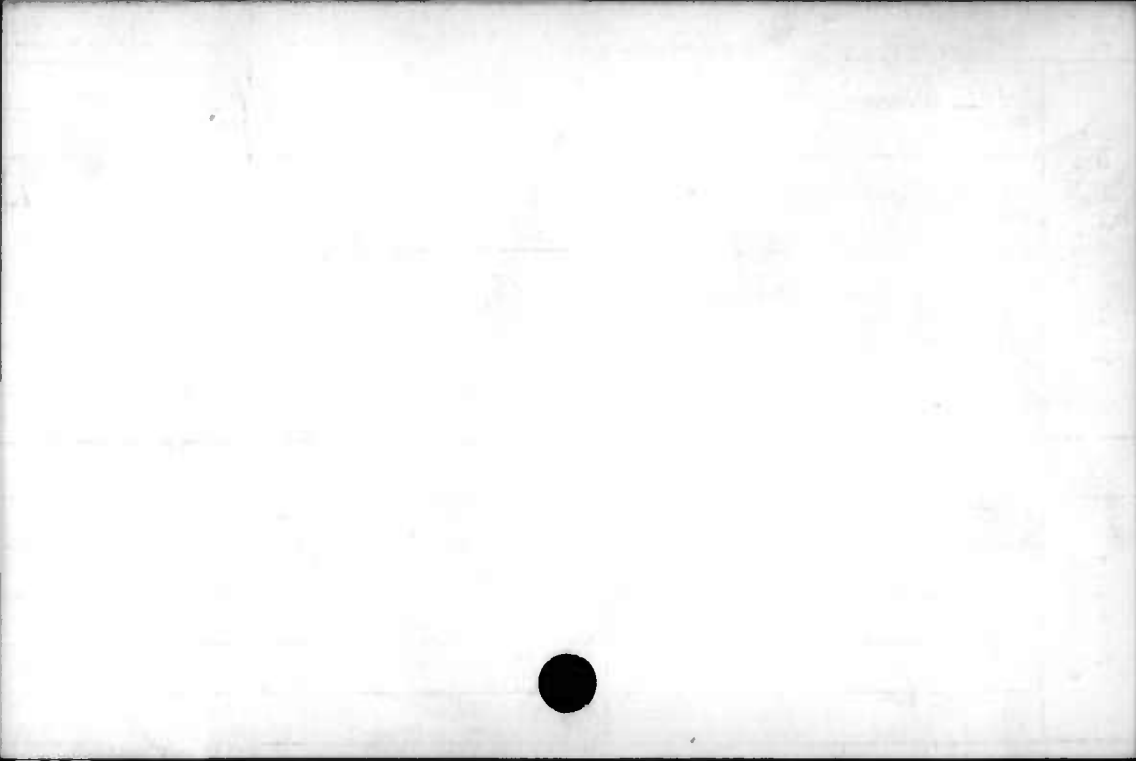
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumbersland</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>28</i>	Years <i>72</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cumbersland, Md</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>1 year</i>
Immediate	<i>Apoplexy</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. M. Toan, M.D.</i>
		Address	<i>Cumbersland Md.</i>
Accident or Suicide?		<i>No.</i>	



Name
in
Full

George Davidson

CERTIFICATE OF DEATH

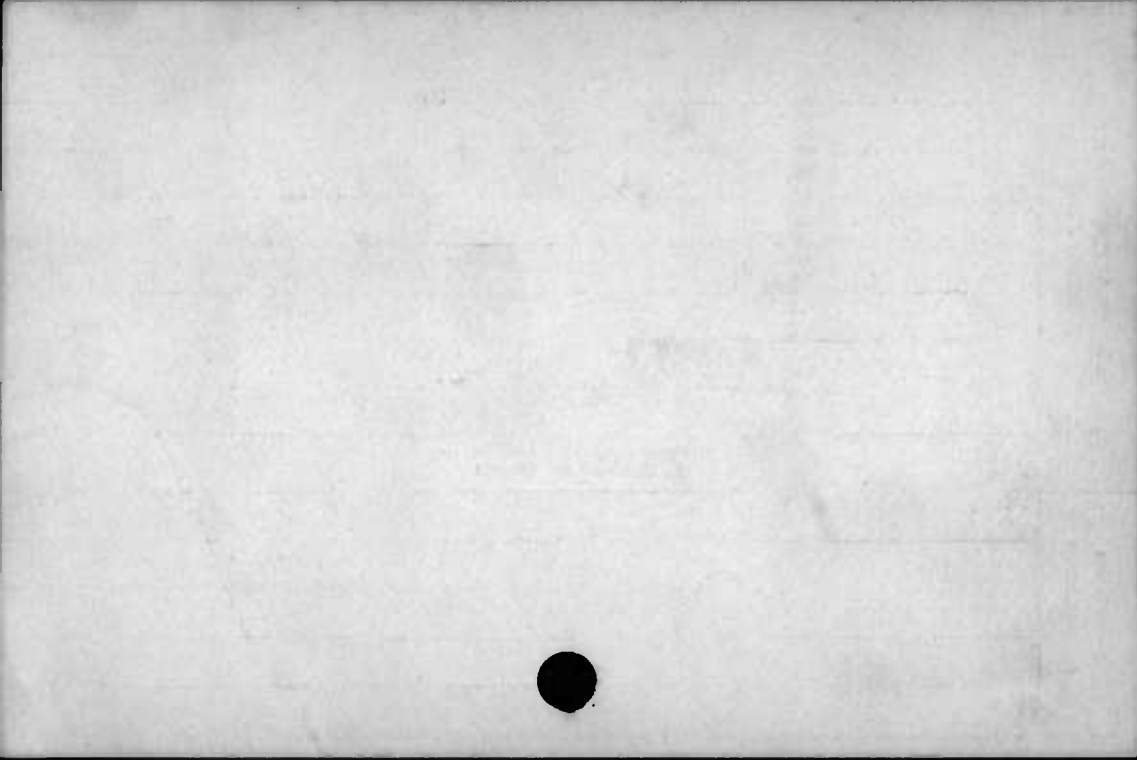
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		<i>Acush</i>		County		MARYLAND	
Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>1st</i>		Age <i>56</i>		Years	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place		Months		Days	
Occupation <i>Laborer</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Linnie Davidson</i>		Father's Name		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		Name of person giving information <i>Marguerite Davidson</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

Primary <i>Chronic Pulmonary</i>	How long <i>about three years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Davidson</i>
	Address <i>Cambridge Md</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Infant of J.C. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>20</i>	Age	Years <i>4</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John C. Davis</i>			Father's Birthplace <i>36</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congenital Syphilis</i>	How long <i>4 Mos</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E.B. Claybrook</i>
	Address <i>Cumberland</i>
Accident or Suicide?	



Name
in
Full

John. Franklin. Dawson

CERTIFICATE OF DEATH

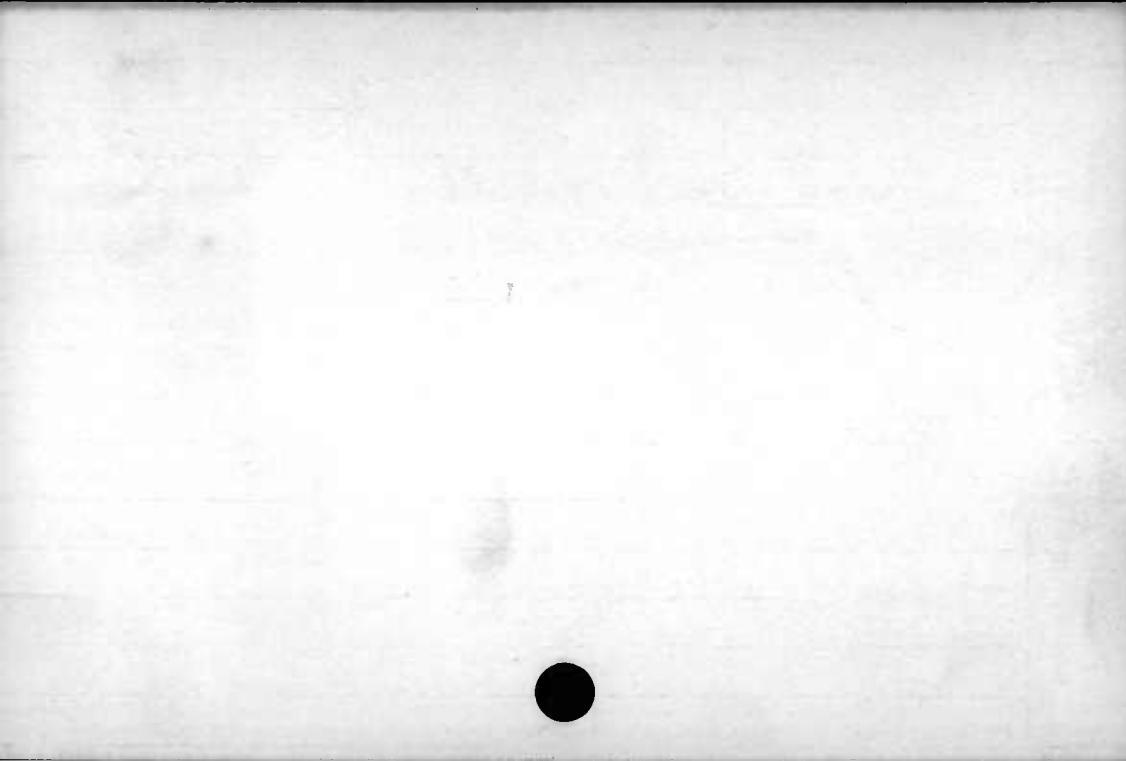
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death 190		3	Month	20	Day	4	Months	7	Days	
Sex		Male		Color or Race		White		Birth-place		Virginia
Married, Single or Widowed		Married		Occupation		Undertaker				
Name of Wife or Husband		Mary Dawson								
Father's Name		L		Father's Birthplace		L				
Mother's Maiden Name		L		Mother's Birthplace		L				
Name of person giving Information		Jos. J. Pearce		How related to deceased		Son-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Prostatitis	How long	3 Weeks
Immediate	Uraemic Coma	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Boucher	
Address		Barton, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

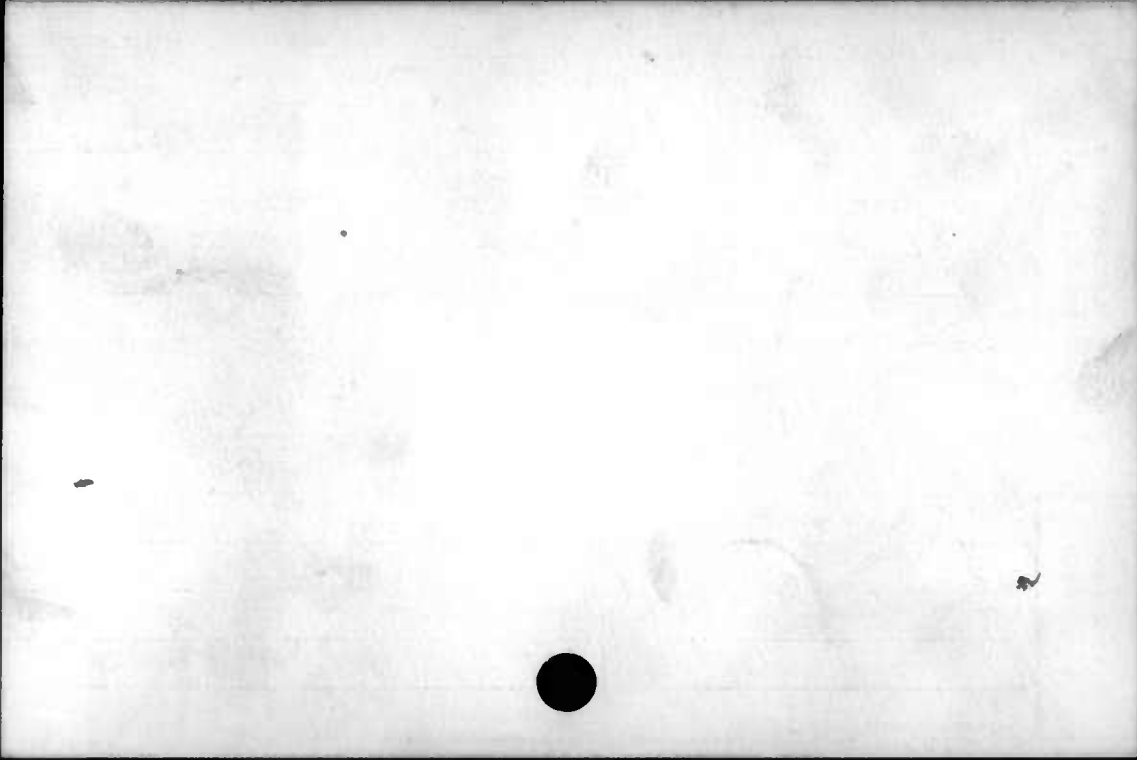
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i> <small>Month</small>	<i>Dec.</i> <small>Day</small>	<i>31</i> <small>Age</small>	<i>108</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

Primary <i>Intestinal obstruction</i>	How long <i>36 hours</i>
Immediate <i>Exhaustion & shock</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James J. Johnson</i>
	Address <i>Cumberland Maryland</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

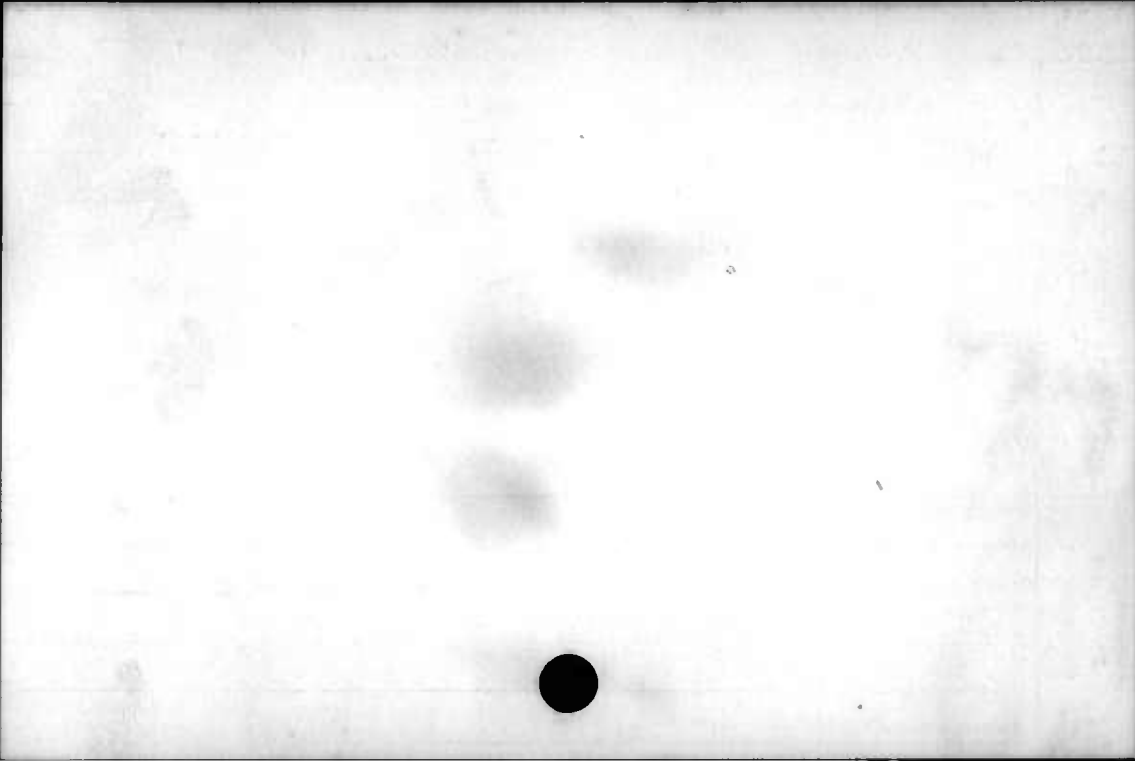
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna Martha Cisle</i>		Town <i>Allegany</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Allegany</i>		Month <i>Dec</i>		Day <i>27</i>		Age <i>65</i>	
Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>27</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>6</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Allegany, Allegany</i>		Years <i>65</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Cisle</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Father's Name <i>Jacob Baun</i>		Mother's Maiden Name <i>Jacob Cisle</i>		How related to deceased <i>Son</i>		Name of person giving information <i>Jacob Cisle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Biliary Colic</i>	How long <i>About 2 years</i>
Immediate <i>Biliary Colic & exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Cohen</i>
	Address <i>Frederick, Md</i>
Accident or Suicide? <i>No</i>	

SSM

allegary creek.

Name
in
Full

Ella Elsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burnd</i>		Town <i>alleghany</i>		County		MARYLAND	
Date of death	1903	Month	Dec	Day	70	Age	27
Sex	Female		Color or Race	White		Birth-place	Burnd
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	James Elsworth			
Father's Name	Dead					Father's Birthplace	
Mother's Maiden Name	Lorisa Smith					Mother's Birthplace	QB
Name of person giving information	" "					How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.		
Signature of Physician	<i>J. B. [illegible]</i>		
Address	<i>Sumterland [illegible]</i>		
Accident or Suicide?	<i>No</i>		



Name
in
Full

Kathleen Finnan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>21</u>	Age	Months <u>3</u>	Days <u>8</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cumtland Md.</u>			
Occupation <u>Infant.</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Thomas Finnan</u>	<u>90</u>			Father's Birthplace <u>Penn.</u>	
Mother's Maiden Name <u>Maud Dolan</u>				Mother's Birthplace <u>Md.</u>	
Name of person giving Information <u>Father - Thomas Finnan</u>				How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>Two hours</u>
Immediate <u>Eclampsia</u>	How long <u>Two hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>J. H. Jackson</u>
	Address <u>Cumtland, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

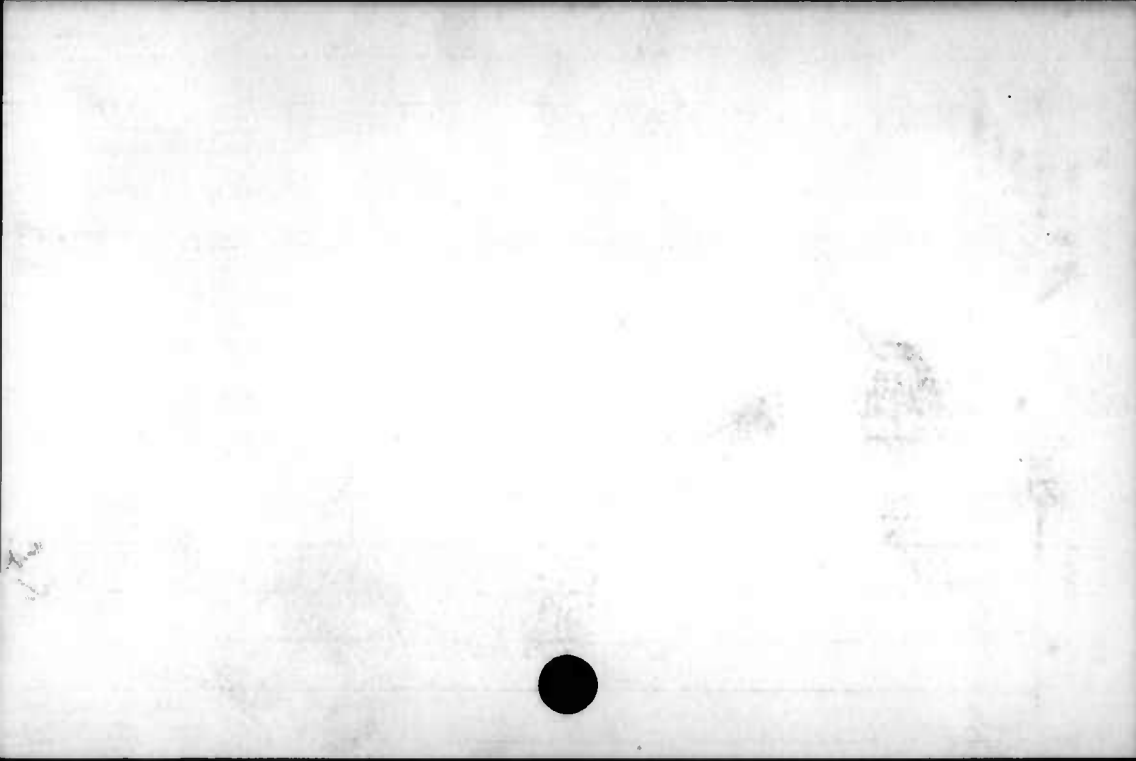
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah A. Fuller</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Dec</i>		Day <i>10</i>		Years <i>79</i>	
Date of death 190 <i>3</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>Married</i>		Occupation					
Name of Wife or Husband <i>Elizah Fuller</i>							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gangrene of left leg</i>	How long
Immediate <i>Electrocution</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James D. Johnson, M.D.</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 1903

Male

~~Female~~

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

56m

allegany County -

more

Name
in
Full

William Robert Grady

CERTIFICATE OF DEATH

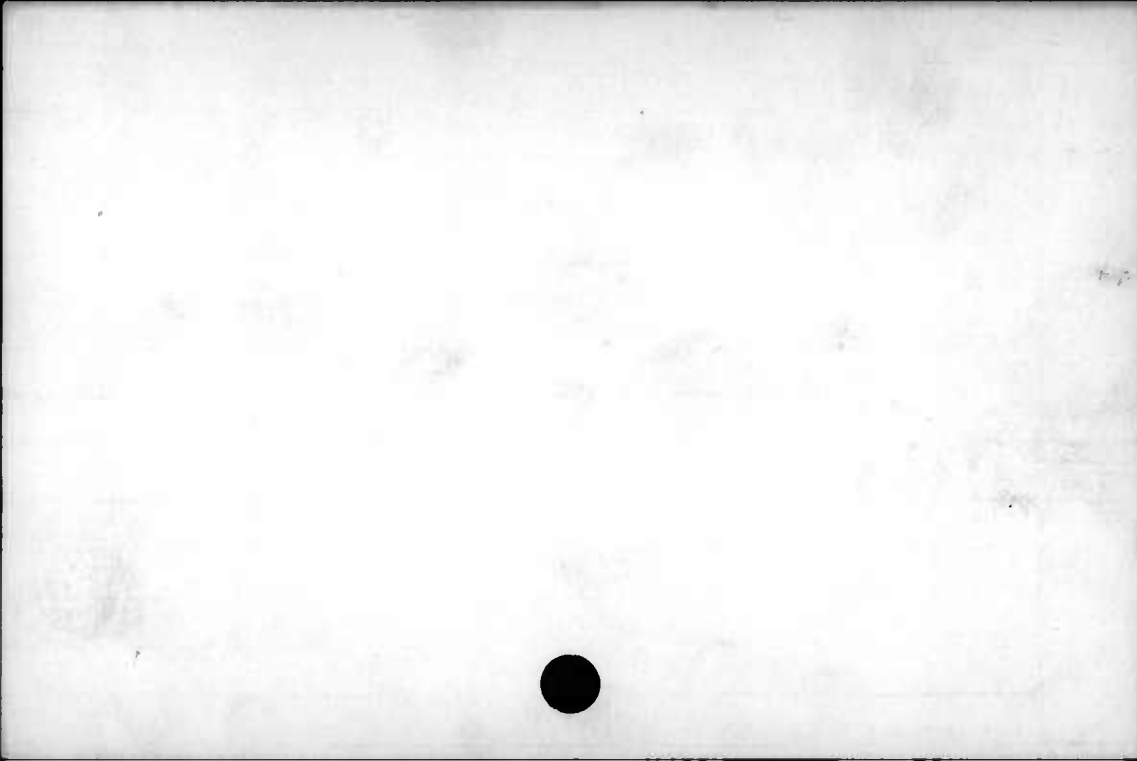
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Donacoming</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>Dec.</u> ^{Day}	<u>29</u> ^{Age}	<u>11</u> ^{Years}	<u>7</u> ^{Months}	<u>8</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>James Grady</u>			Father's Birthplace <u>West Va.</u>		
Mother's Maiden Name <u>Laura E. Thomas</u>			Mother's Birthplace <u>West Va.</u>		
Name of person giving Information <u>Laura E. Grady</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>measles</u>	How long <u>2 weeks</u>
Immediate <u>Capillary Bronchitis</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. J. Porter</u>
	Address <u>Donacoming Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

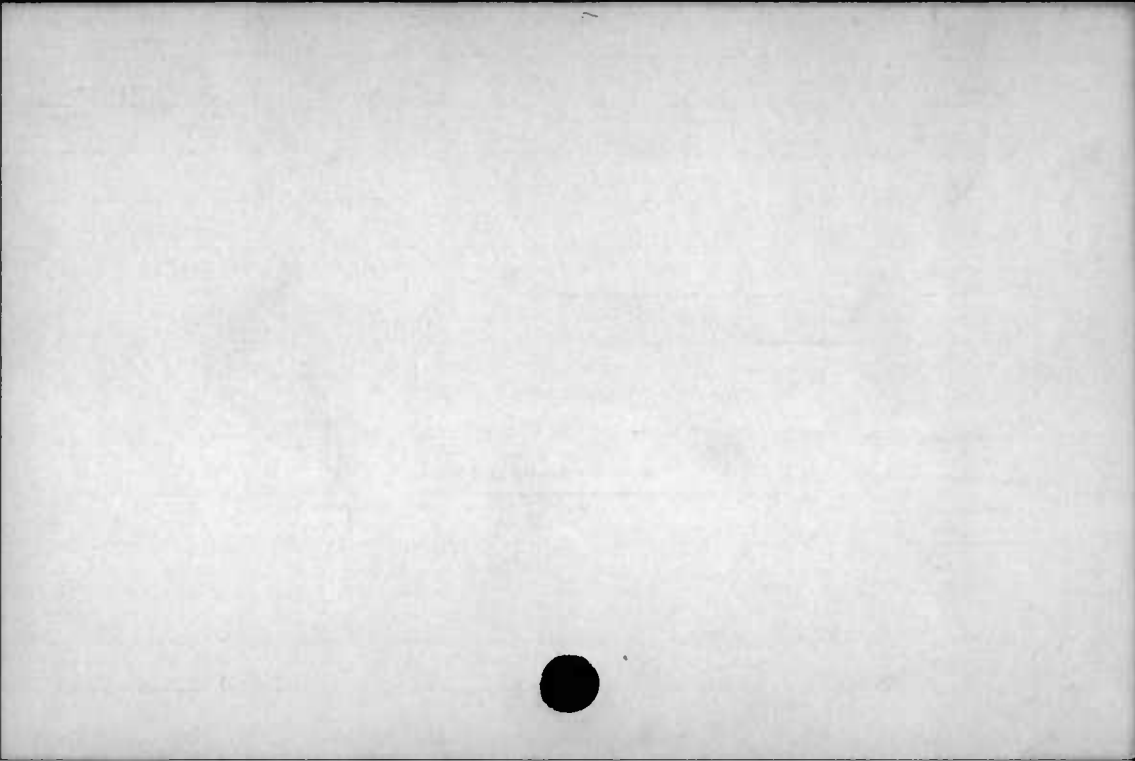
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Clarence Gray</i>				County <i>Allegh</i>		State <i>MARYLAND</i>	
Died at <i>Cumt'd</i>		Town <i>Cumt'd</i>		County <i>Allegh</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>23</i>	Age <i>3</i>	Years <i>3</i>	Months <i>2</i>	Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Cumt'd</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband					
Father's Name <i>Thomas Gray - 9</i>				Father's Birthplace <i>Cumt'd</i>			
Mother's Maiden Name <i>Sarah C Reagean</i>				Mother's Birthplace <i>Cumt'd</i>			
Name of person giving information <i>Thomas Gray</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E B Claybrook</i>
	Address <i>Cumt'd, Md</i>
Accident or Suicide?	



Name
in
FullElisabeth Grindle ~~Allegan~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middlethorpe</i> ^{Town}		<i>Allegan</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month	<i>12</i>	Day	<i>6</i>
Age		<i>63</i>	Years	<i>10</i>	Months
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>As Place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jas. Grindle</i>			
Father's Name <i>Jas. Polten</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Sarah Polten</i>		Mother's Birthplace <i>England</i>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

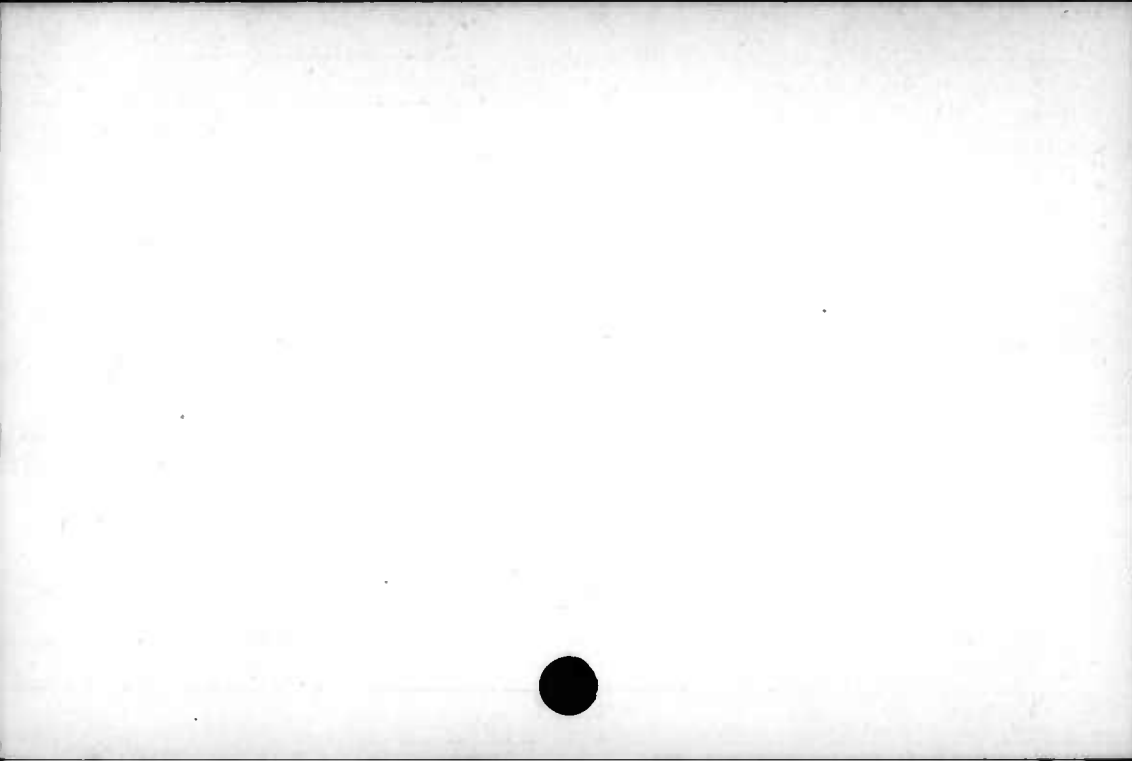
PHYSICIAN
OR CORONER

Primary	<i>Dropsy of Heart</i>	How long	<i>3 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D^r. F. L. Chymes</i>	
		Address <i>Middlethorpe</i>	
Accident or Suicide?			

Allegheny
Cemetery

@ 7 H

Name in Full		Oscar Gross				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Barton		Town		County	
	Date of death 1903	Dec	Month	6	Day	1	Years
	Sex	Male		Color or Race	white		Birth- place
	Married, Single or Widowed	C		Occupation	C		
	Name of Wife or Husband	C					
	Father's Name	Wm. Gross				Father's Birthplace	Alleg. Co
	Mother's Maiden Name	Mary Ann Beard				Mother's Birthplace	Alleg. Co
Name of person giving In formation	Wm Gross				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	One week
	Immediate	Convulsion				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Dr. Brucher
	Address	Barton					
Accident or Suicide?							



Name
in
Full

Earl Sadley

CERTIFICATE OF DEATH

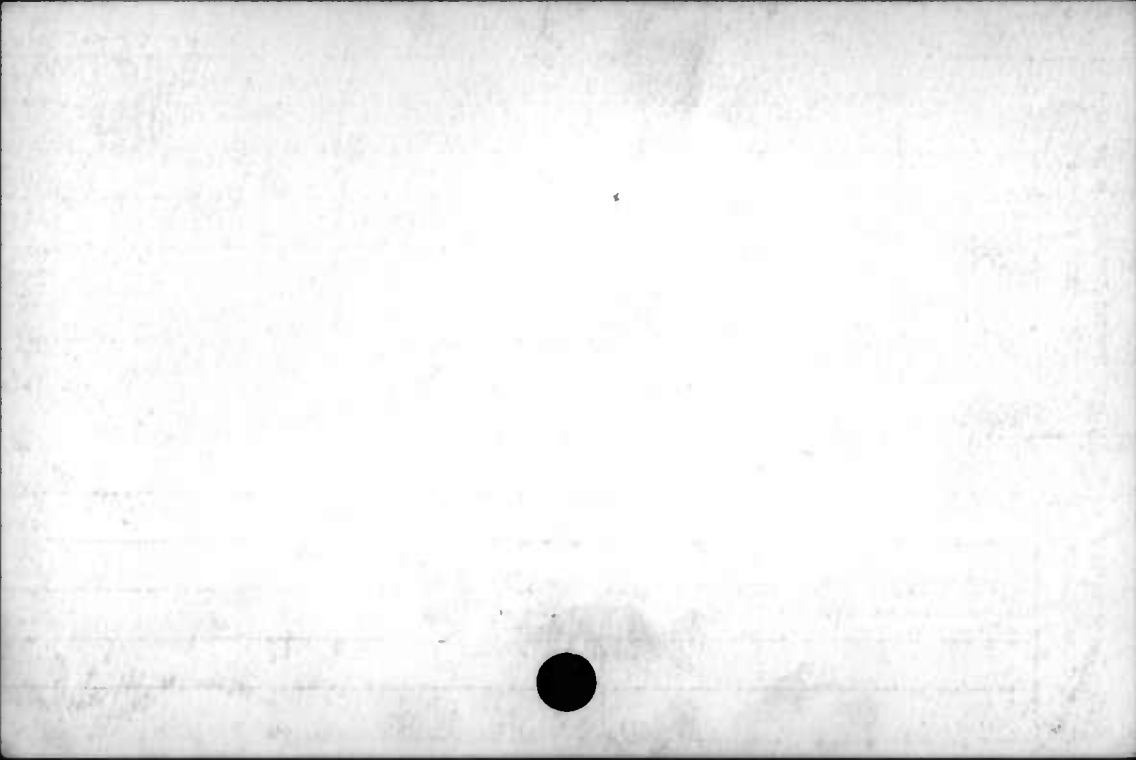
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Poncaconing		County alligane		MARYLAND	
Date of death 190		3	Month Dec	25	Day	Age	Years — 8
Sex		male		Color or Race		white	
Married, Single or Widowed		single		Occupation		Birth- place	
Name of Wife or Husband						Poncaconing Md	
Father's Name		George Sadley		6.		Father's Birthplace	
Mother's Maiden Name		Christina Fisher				Mother's Birthplace	
Name of person giving In formation		George Sadley				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	measles	How long	6 days
Immediate	Capillary Bronchitis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. Gibson Porter	
Address		Poncaconing Md	
Accident or Suicide?		No	



Name
in
Full

Andrew Jackson Hall

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Curt

acc

Date

Month

Day

Years

Months

Days

of death

1903

Dec

26

Age

48

Sex

Male

Color or
Race

White

Birth-
place

Hager Md

Occupation

Shoe maker

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Dead

Father's
BirthplaceMother's
Maiden Name

Dead

Mother's
BirthplaceName of person giving
Information

Mary Hall

How related
to deceased

Sister.

CAUSES OF DEATH

Primary

How long

Immediate

found Dead in House.

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W J Cornwell

Address

Covina

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

In
Full

CERTIFICATE OF DEATH

Died at

Henry Hehnstatter

Town

Cash Valley

County

Allegheny

MARYLAND

Date

of death 1903

Month

12

Day

1

Age

Years

21

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Allegheny Co Md.

Occupation

Farm Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

George Hehnstatter

Father's
Birthplace

Md

Mother's
Maiden Name

Mrs Raring

Mother's
Birthplace

Md

Name of person giving
Information

George Hehnstatter

How related
to deceased

Son

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Septicæmia Perforation

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. H. Jackson

Address

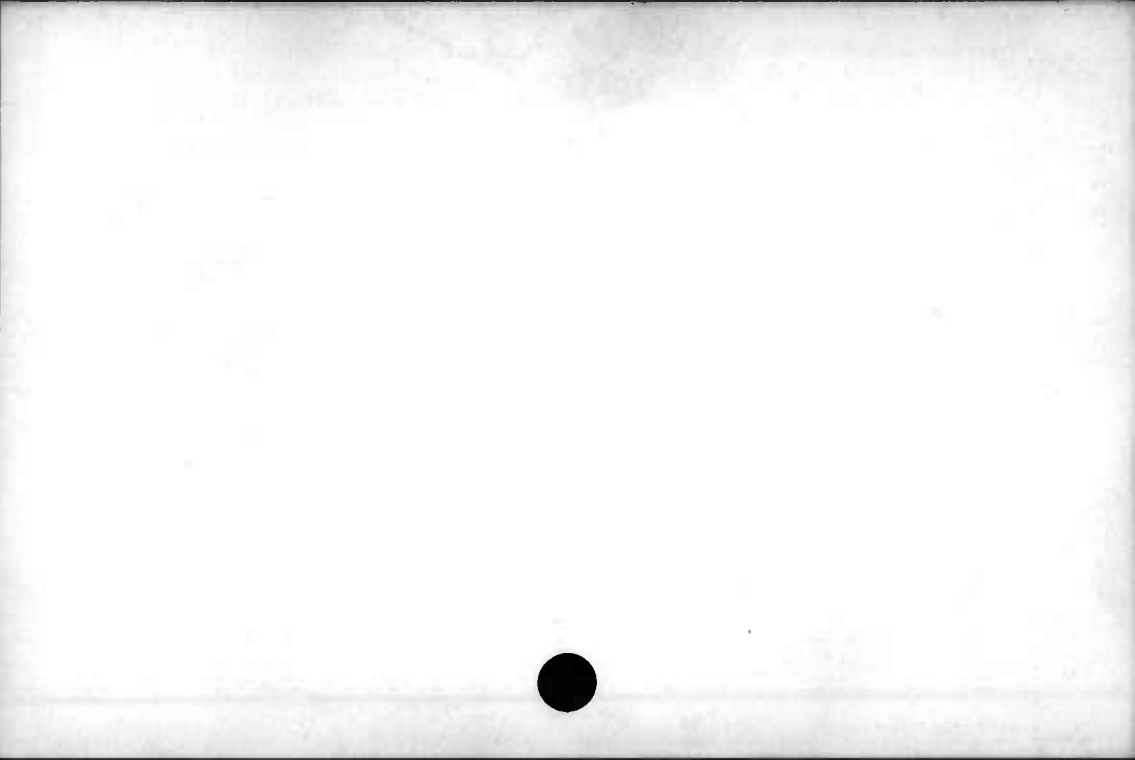
Carmichael Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Eufalia Herritt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Cumberland.		County allegany		MARYLAND	
		Date of death 1903	Month Dec.	Day 6	Age 10	Months 1	Days 27
		Sex Female		Color or Race White		Birth- place Ind	
		Married, Single or Widowed Single		Occupation			
		Name of Wife or Husband					
		Father's Name H. H. Herritt				Father's Birthplace	
		Mother's Maiden Name Helen Robert				Mother's Birthplace	
Name of person giving In formation Father -				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Septicemia in by hematoma				How long 4 Weeks	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Thos. H. Brown, MD	
						Address Cumberland Ind	
		Accident or Suicide?					



Name
in
Full~~Susan E.~~ Georgia E. Hinkel

CERTIFICATE OF DEATH

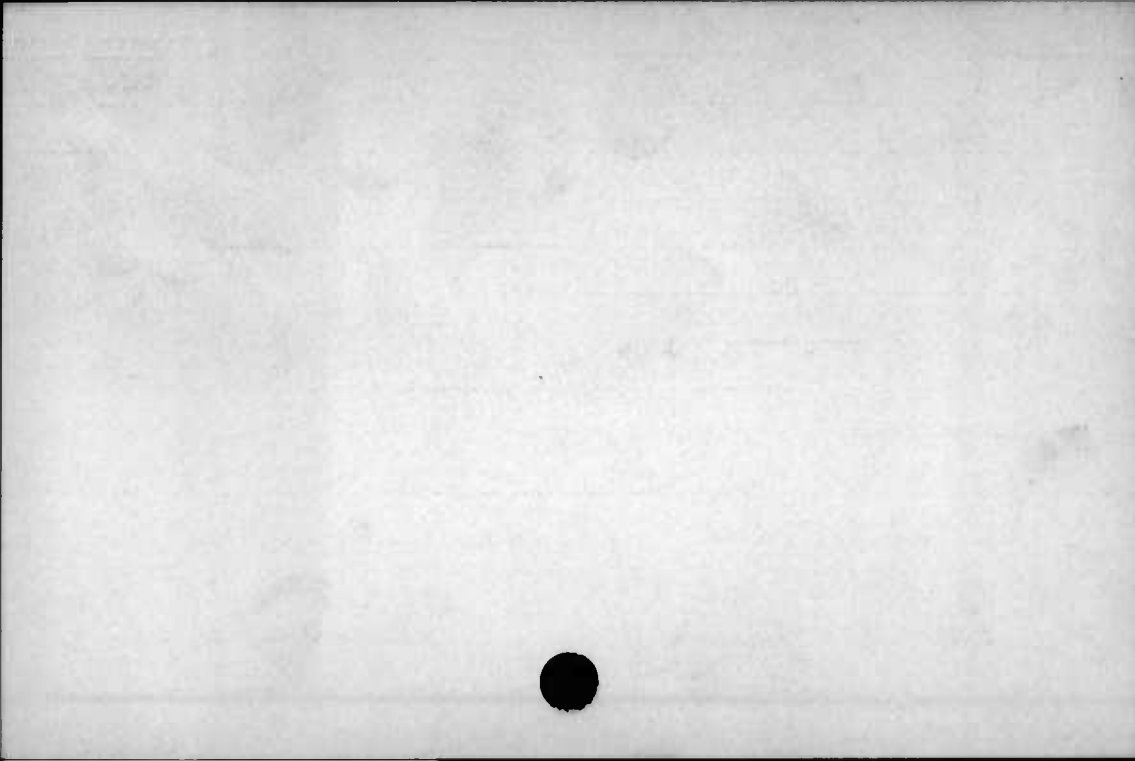
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>6</i>	Age <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Camden</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm M. Hinkel</i>			Father's Birthplace <i>Camden</i>		
Mother's Maiden Name <i>Susan McKinzie</i>			Mother's Birthplace <i>Camden</i>		
Name of person giving information <i>Wm M. Hinkel</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsion</i>	How long <i>6 hours</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Tinsley</i>
<i>Did not see this case till after death.</i>	Address <i>Camden, Md.</i>
Accident or Suicide?	<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

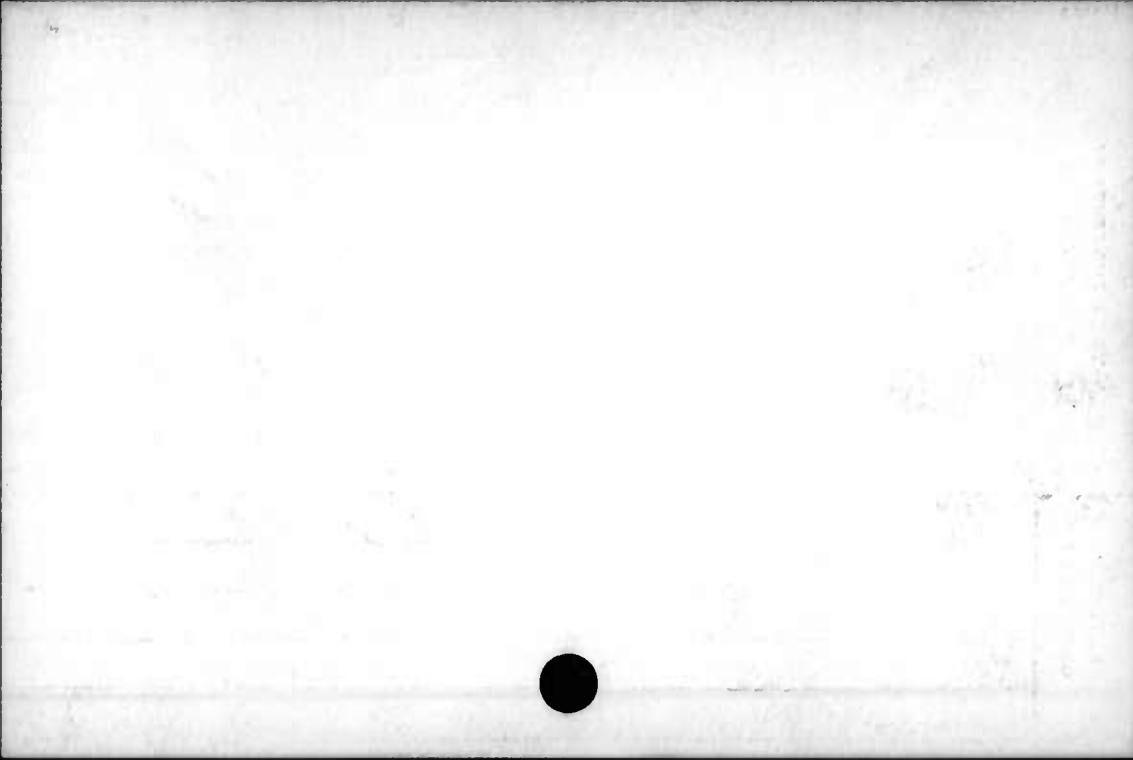
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anthony T. Hohen</i>		Town <i>Cumtuck</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumtuck</i>		Month <i>Dec</i>		Day <i>24</i>		Age <i>86</i>	
Date of death 190 <i>2</i>		Month <i>Dec</i>		Day <i>24</i>		Months <i>86</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Blacksmith</i>					
Name of Wife or Husband							
Father's Name				106.			
Mother's Maiden Name				Father's Birthplace			
Name of person giving information				Mother's Birthplace			
				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Liver Cancer</i>		How long <i>10 days</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. W. W.</i>	
		Address <i>Cumtuck</i>	
Accident or Suicide? <i>-</i>		<i>not</i>	



Name
in
Full

Eliza Jane Holtz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charles</i> Town		<i>Alleghamie</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>16</i>	Age <i>75</i>	Months <i>3</i>	Days <i>25</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>West. Va.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Henry Holtz</i>			
Father's Name <i>Isaac Saville</i>		Father's Birthplace <i>West. Va.</i>			
Mother's Name <i>W. C. Saville</i>		Mother's Birthplace <i>West. Va.</i>			
Name of person giving Information <i>Jas. J. Holtz</i>		How related to deceased <i>Challenger</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Softening of the Brain</i>	How long <i>2 Weeks</i>
Immediate <i>Cerebral of the Brain</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. L. Charles</i>
	Address <i>Midlothian Ind.</i>
Accident or Suicide?	

C. F. M.

Alley

Name
in
Full

William C. Johnson

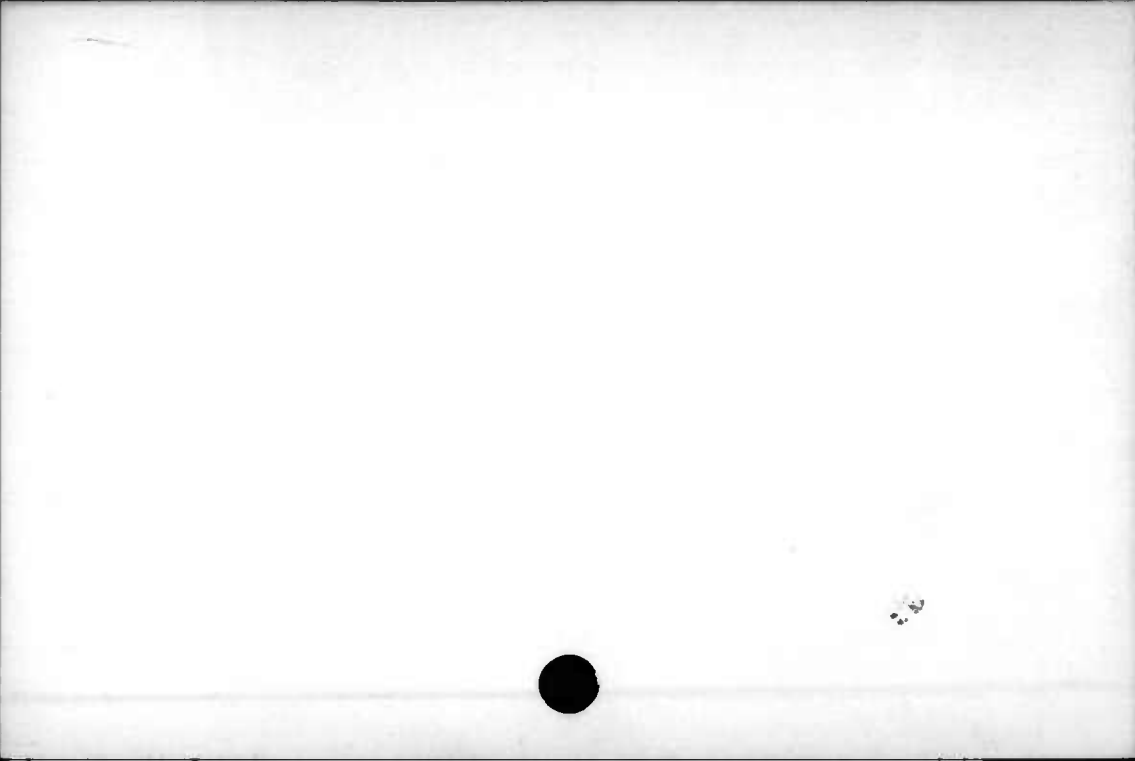
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>11th</i>	Years <i>64</i>	Months <i>3</i>	Days		
Sex <i>Male</i>	Color or Race <i>White American</i>		Birth-place <i>England</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Saloon keeper</i>						
Name of Wife or Husband <i>Mary Johnson</i>							
Father's Name <i>James B. Johnson D.</i>				Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Mariah</i>				Mother's Birthplace <i>England</i>			
Name of person giving information <i>James Johnson (brother)</i>				How related to deceased <i>Brother</i>			
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary	<i>Logorrhea complicated with Bronchitis</i>	How long	<i>About 8 weeks</i>
Immediate	<i>Pneumonia & Nephritis & Rheumatism</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>A. W. Hodgson</i>	
Address		<i>Cumberland Md</i>	
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

Anna Mary Leibel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany

Date of death 1903 ^{Month} Dec. ^{Day} 28 ^{Age} 81 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Germany

Married, Single or Widowed Married ^{Occupation} Housewife

Name of ~~Wife~~ Husband Jacob Liebl

Father's Name 19. ^{Father's Birthplace} Germany

Mother's Maiden Name 19. ^{Mother's Birthplace} Germany

Name of person giving information ^{How related to deceased}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cardiac Asthma ^{How long} For years

Immediate Asthenia ^{How long}

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. H. Stansbury
Cumberland

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

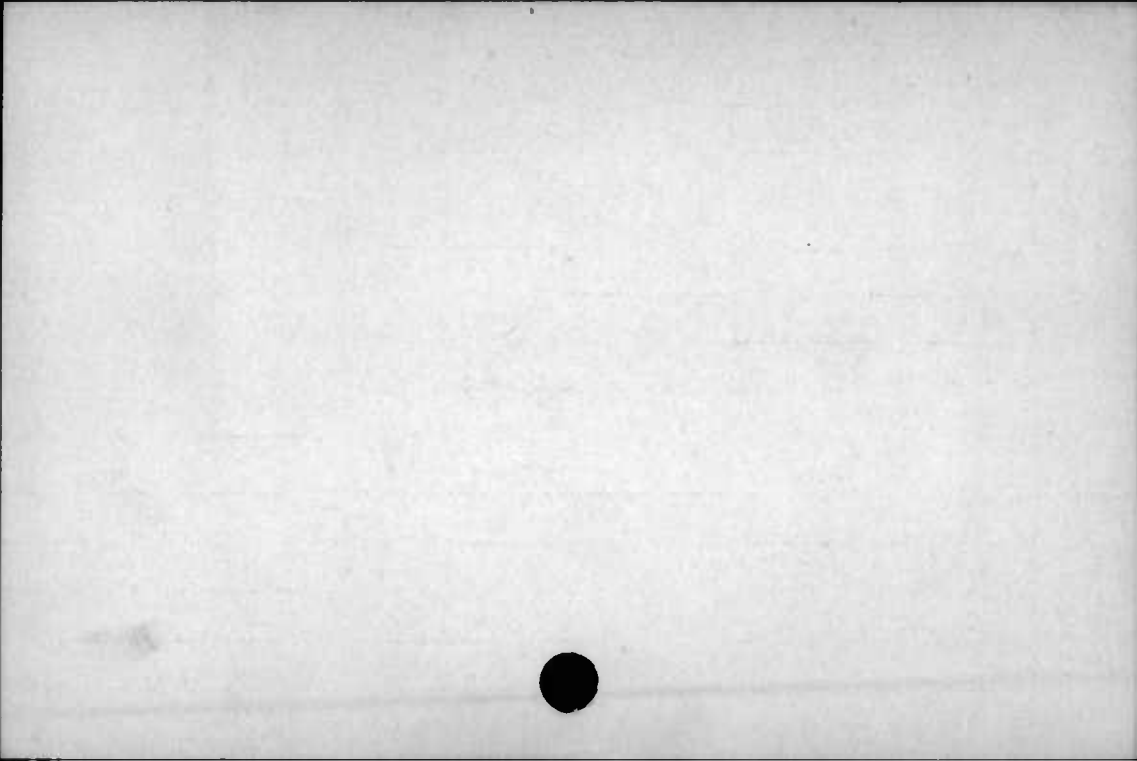
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So Cumberland</i> Town		<i>McAleer</i> County		MARYLAND	
Date of death <i>1903</i>	<i>Dec</i> Month	<i>31</i> Day	Age <i>—</i> Years	Months	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>So Cumberland Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Gar E McAleer</i>			Father's Birthplace <i>W Va</i>		
Mother's Maiden Name <i>Hattie R. Gross</i>			Mother's Birthplace <i>W Va</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Deformed Premature child (monstrous)</i> <i>(born 7th Feb 1903)</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo L. B. ...</i>
	Address <i>98 Vaan ...</i>
Accident or Suicide?	<i>Cumprland Md</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Mary Viola McCarly</i>		Town <i>Crummeland</i>		County <i>Tallegany</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Where Residing if not at place of death	
		<i>1903 Dec 16</i>		<i>1 1/2</i>		<i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>—</i>			
Occupation		Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
				<i>B. W. McCarly</i>		<i>93</i>	
Mother's Maiden Name <i>Fanny</i>		Name of person giving Information		How related to deceased			

CAUSES OF DEATH

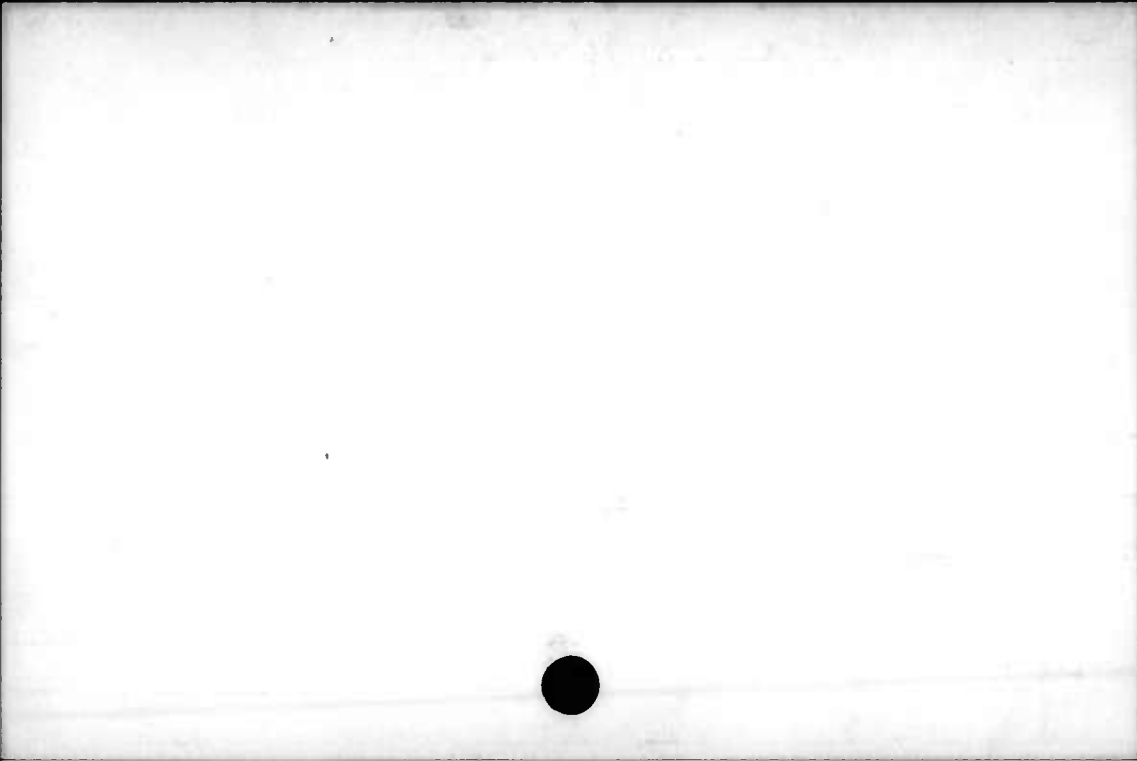
Primary	<i>Pneumonia</i>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

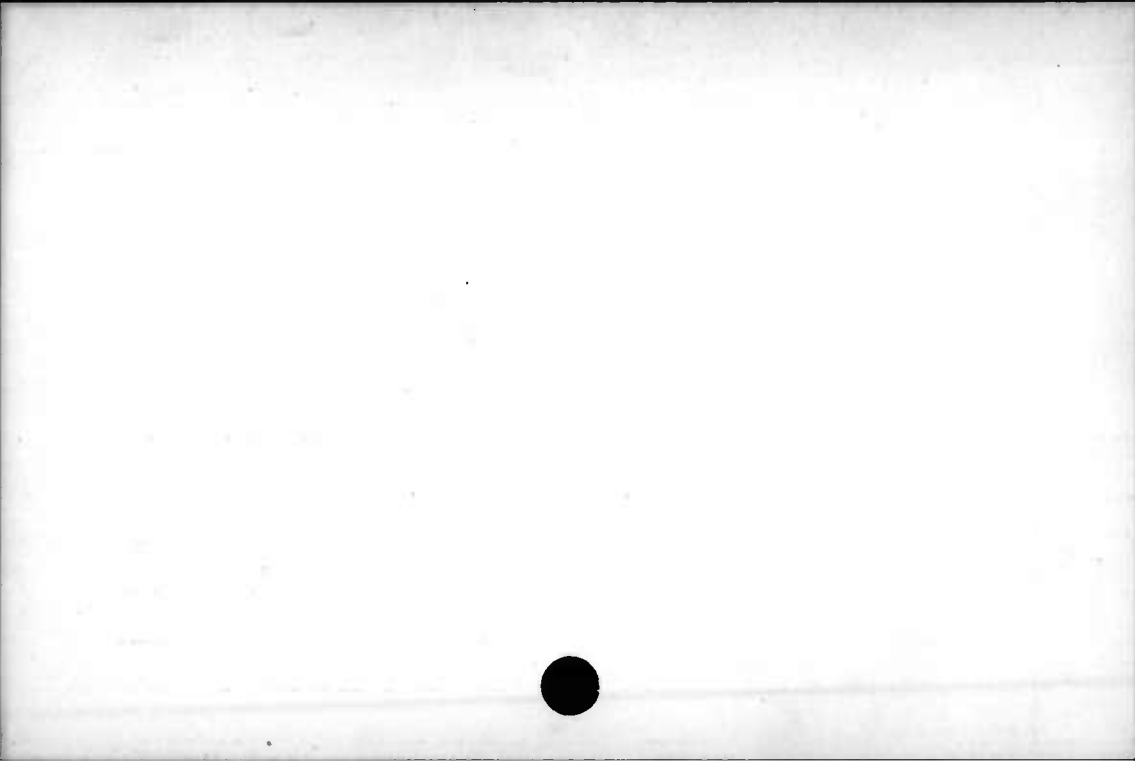
Signature of Physician

Address

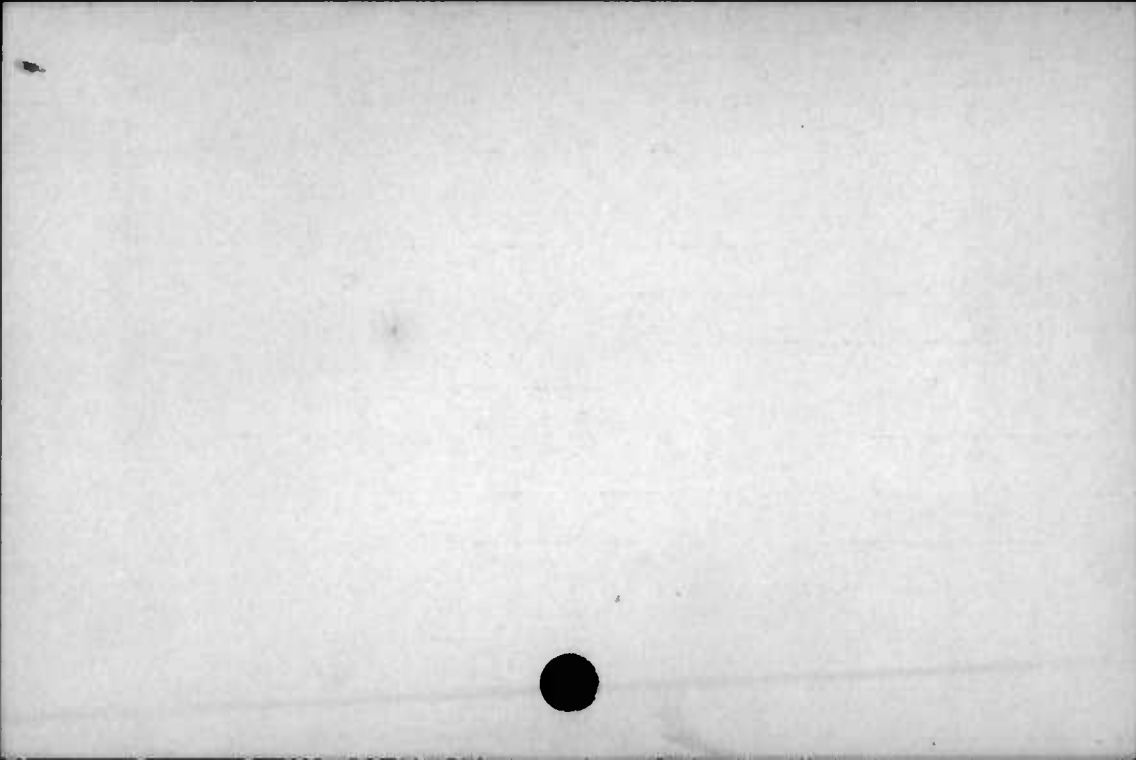
Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Barton</i>		County <i>Allegheny</i>		MARYLAND		
		Date of death 1903	Month <i>Dec</i>	Day <i>17</i>	Age <i>62</i>	Years <i>1</i>	Months <i>25</i>	Days
		Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Scotland</i>			
		Married, Single or Widowed <i>widowed</i>		Occupation <i>HW.</i>				
		Name of wife Husband, <i>Joseph McCormick</i>						
		Father's Name <i>James Mathison</i>		Father's Birthplace <i>Scotland</i>				
		Mother's Maiden Name <i>L</i>		Mother's Birthplace <i>L</i>				
		Name of person giving information <i>Wm McCormick</i>		How related to deceased <i>Son</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Gall Stones</i>			How long <i>3 months</i>			
		Immediate <i>Effects of an operation</i>			How long <i>3 days</i>			
		Are the name, age, sex, color, data and place correctly given above? <i>yes</i>			Signature of Physician <i>A. A. Boncher</i>			
					Address <i>Barton, Md</i>			
		Accident or Suicide?						



Name in Full		MCCormick				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town S. Cumberland		County Allegheny		MARYLAND
	Date of death	1903	Month Dec	Day 23	Age	Years	Months
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Wm. M. McCormick				Father's Birthplace	Ind
	Mother's Maiden Name	Louise Horchler				Mother's Birthplace	W Va
Name of person giving information	Parents				How related to deceased	Parents	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Still Born at 6 or 7 mo. Placenta Praevia				—		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				yes		
				Signature of Physician			
				Address			
				78 Va ave			
				Cumberland Ind			
Accident or Suicide?							



Name
in
Full

Richard McCreedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brookbury</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1903	Month <i>Dec.</i>	Day <i>27</i>	Age	Years <i>63</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>
Occupation	<i>Coal Miner</i>			Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Isabella McCreedy</i>			
Father's Name	<i>—</i>					Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>—</i>					Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Richard McCreedy</i>					How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Miners asthma</i>	How long	<i>8 years</i>
Immediate	<i>Cardiac failure</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thomas J. McCreedy</i>
		Address	<i>Brookbury, Md.</i>
Accident or Suicide?			

SSM

Catholic Cemetery-

Name in Full		M ^r . Kenzie				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cumberland		County		MARYLAND	
	Date of death 190	3	Month	Dec	Day	20	Age
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed	Single		Occupation	Infant		
	Name of Wife or Husband	—					
	Father's Name	Saml. L. M ^r . Kenzie				Father's Birthplace	Cumberland
	Mother's Maiden Name	Ravenscroft				Mother's Birthplace	W - Va
Name of person giving Information	S. L. M ^r . Kenzie				How related to deceased	Father	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Still born (6 months)				How long	—
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. J. Dure
	Address	Cumberland Md					
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Lousia Martin

CERTIFICATE OF DEATH

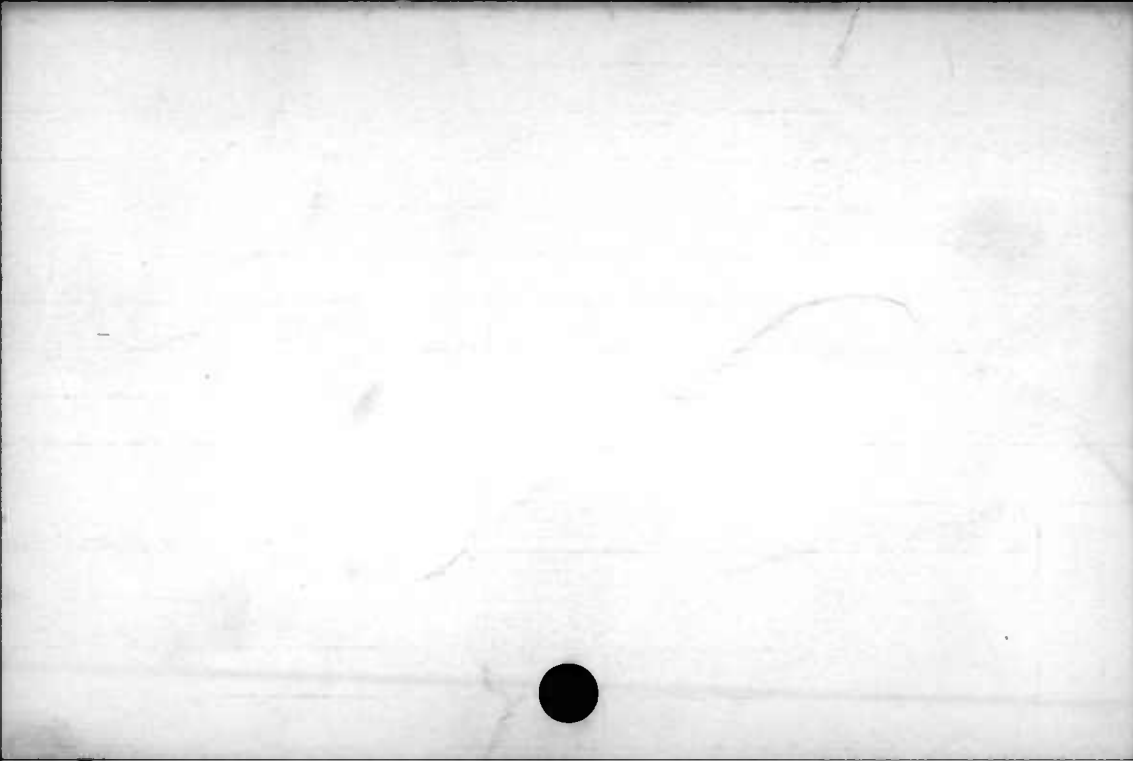
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190	<u>9</u> ^{Month}	<u>12</u> ^{Day}	Age <u>64</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Col.</u>		Birth-place <u>—</u>		
Married, Single or Widowed			Occupation <u>Domestic</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving Information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral lesion</u>	How long <u>30 hours</u>
Immediate <u>Paralysis</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. A. L. Harrison</u>
	Address <u>Mr. McKinnis St</u>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

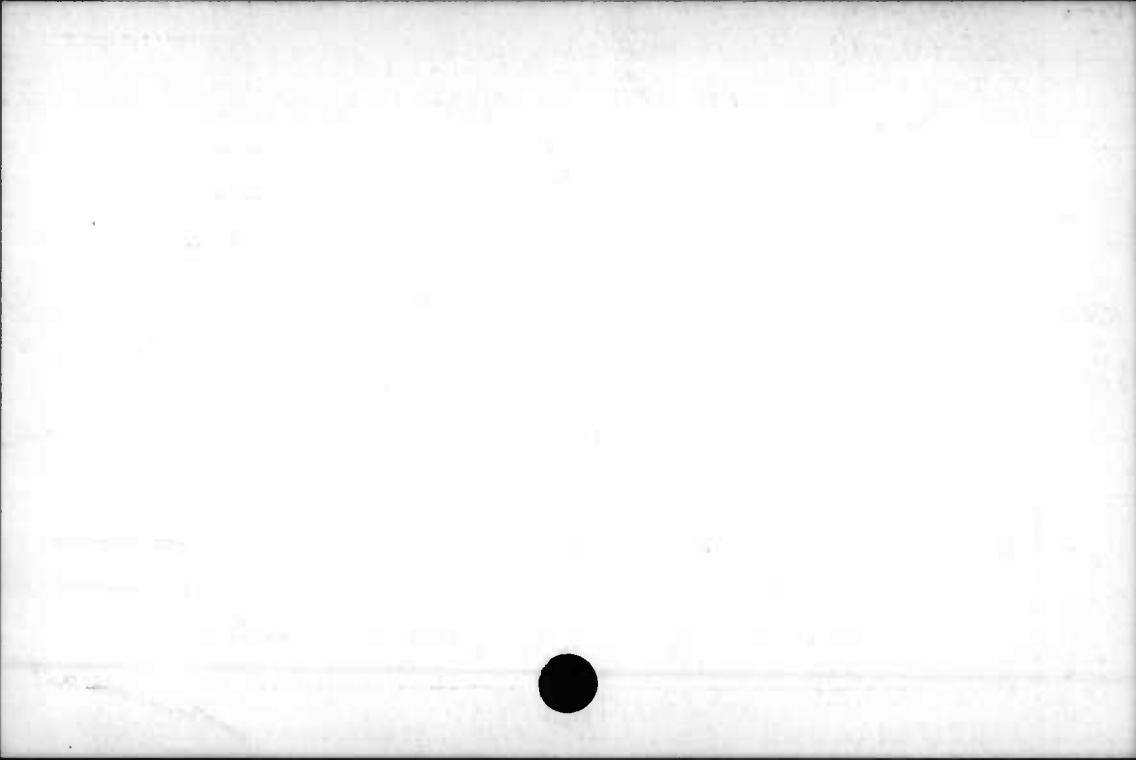
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Meeks</i>		Town <i>Barton</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Barton</i>		Date of death 190 <i>3</i>		Month <i>Dec</i>	Day <i>2</i>	Age Years <i>15</i>	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Allegh. Co. Pa.</i>		Occupation <i>—</i>	
Married, Single or Widowed <i>L</i>		Name of Wife or Husband <i>L</i>		Father's Name <i>John Meeks Jr</i>		Father's Birthplace <i>Allegh. Co.</i>	
Mother's Maiden Name <i>Mary Patterson</i>		Name of person giving information <i>John Meeks Jr</i>		Mother's Birthplace <i>Allegh. Co.</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atelectasis</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Brucher</i>
	Address <i>Barton, Ind.</i>
Accident or Suicide?	



Name
in
Full

Frederick Mitchell

CERTIFICATE OF DEATH

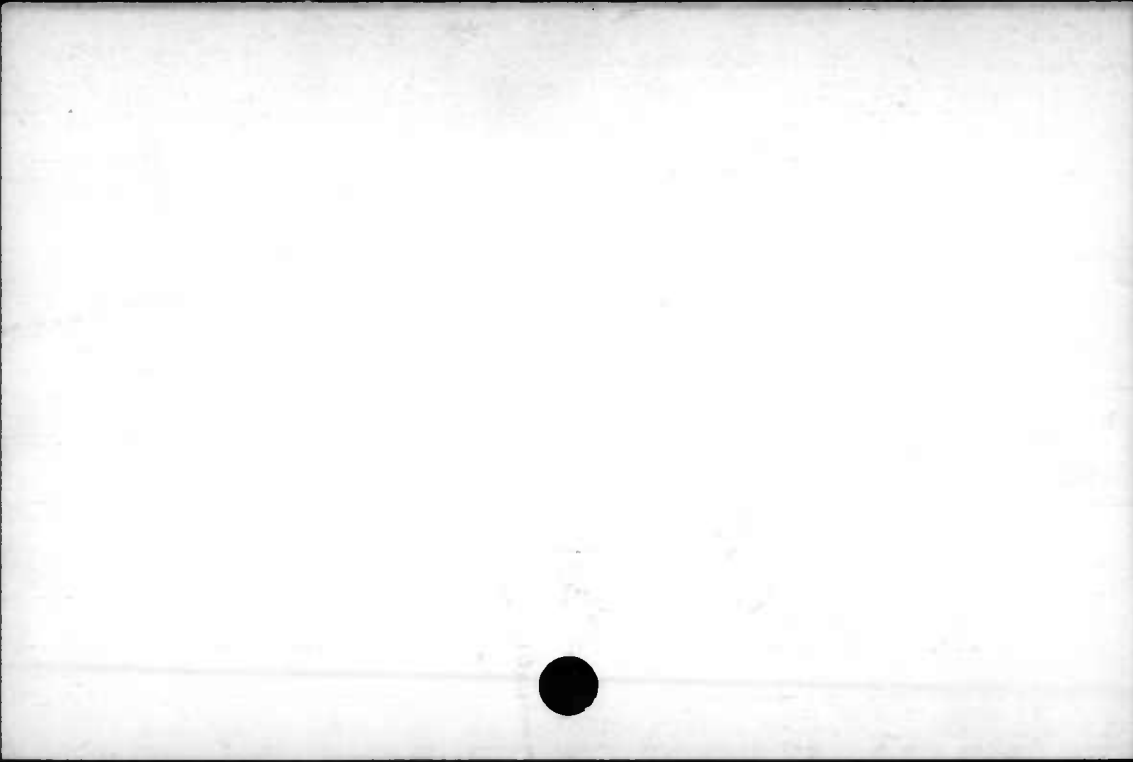
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Eckhart		County Alleghany		MARYLAND	
Date of death 190	3	Month Dec.	22	Day	Age	Years 9	Months 3
Sex Male		Color or Race White		Birth- place Eckhart		Days —	
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Frederick Mitchell				Father's Birthplace Eckhart.			
Mother's Maiden Name Elizabeth Mitchell				Mother's Birthplace Eckhart.			
Name of person giving Information Mrs. Mitchell				How related to deceased fr. Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	4 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician McCombs M.D.	
			Address Eckhart W. Va.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

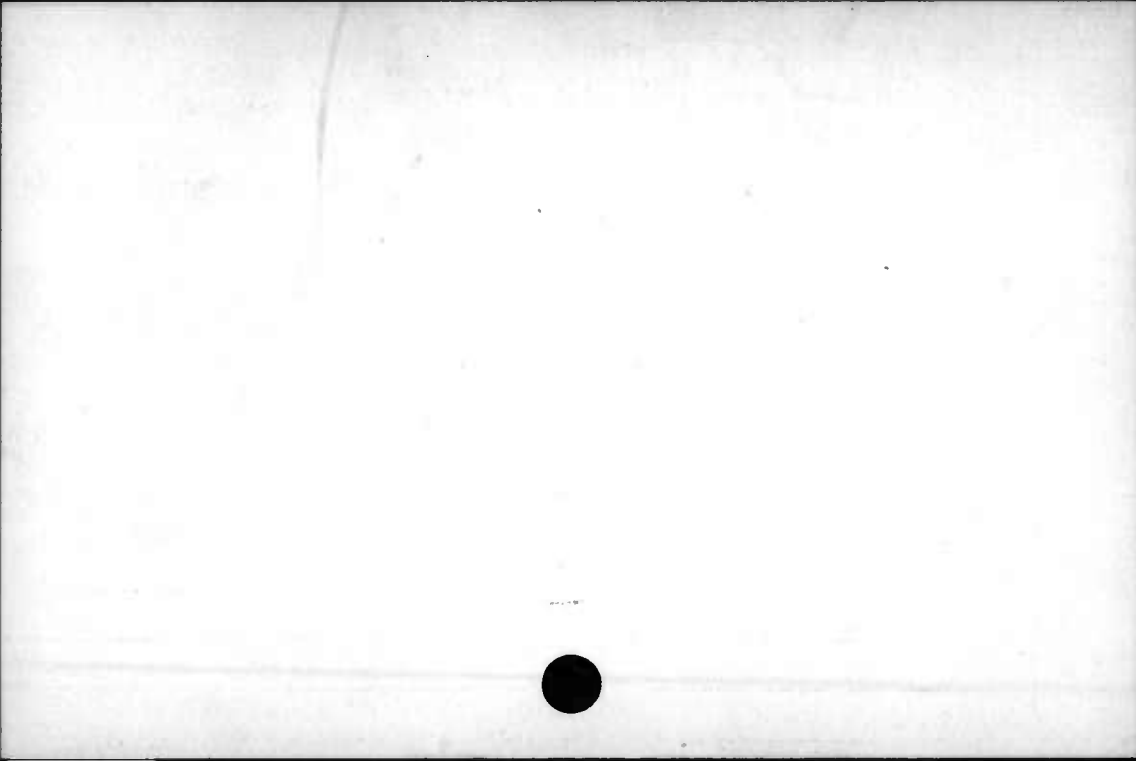
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midland</u> <u>Allegheny</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>12</u>	Day <u>17</u>	Age <u>6</u> Months <u>0</u> Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Midland Md</u>	
Married, Single or Widowed <u>Infant</u>	Occupation <u>_____</u>		
Name of Wife or Husband <u>_____</u>			
Father's Name <u>James Monahan</u>		Father's Birthplace <u>Dean Md</u>	
Mother's Maiden Name <u>Nellie Mooney</u>		Mother's Birthplace <u>Frostburg</u>	
Name of person giving information <u>Maggie Mooney</u>		How related to deceased <u>Grand Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>_____</u>
Immediate <u>_____</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. Carpenter</u>
	Address <u>Midland Md.</u>
Accident or Suicide? <u>_____</u>	



Name
in
Full

John Morgan

CERTIFICATE OF DEATH

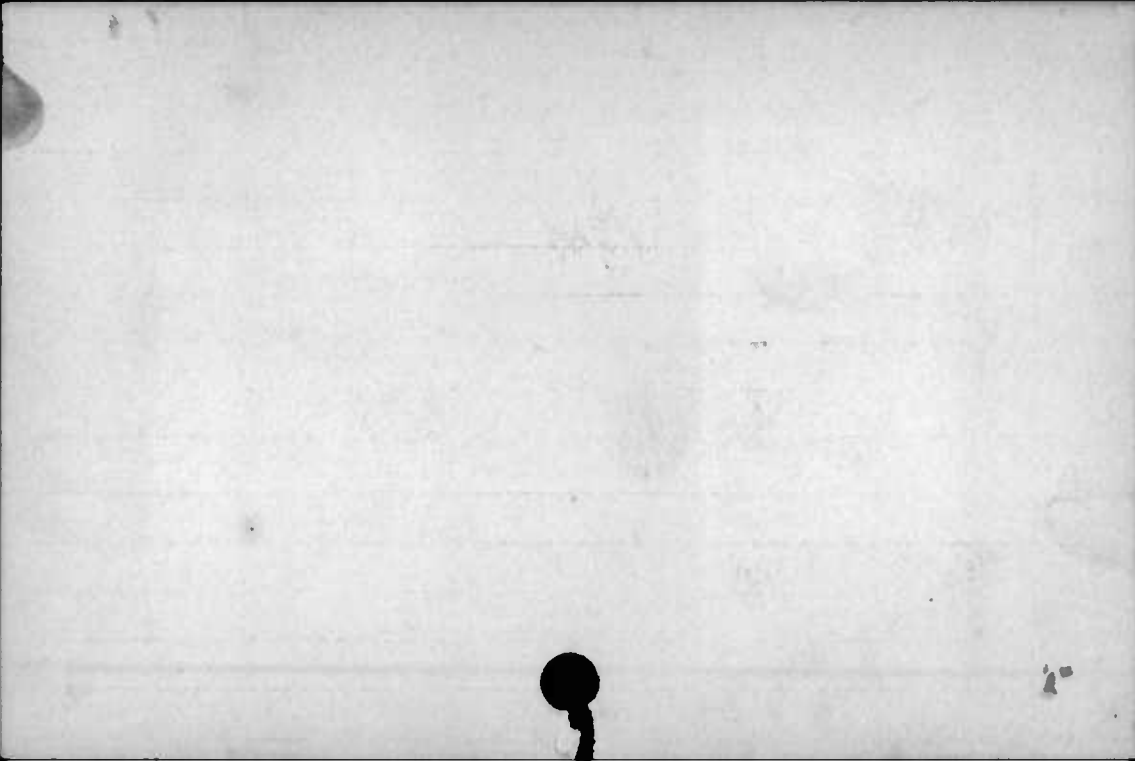
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Carmel		County Allegh		MARYLAND	
Date of death	1903	Month Dec	Day 15	Age Years	28	Months	Days
Sex	male		Color or Race	White		Birth- place	England
Occupation	Fruit Dealer			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name or Wife or Husband	Deed			
Father's Name	-----					Father's Birthplace	
Mother's Maiden Name	-----					Mother's Birthplace	
Name of person giving in formation	Joseph Morgan					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Wm. H. Roan	
	Address Cumberland Md	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

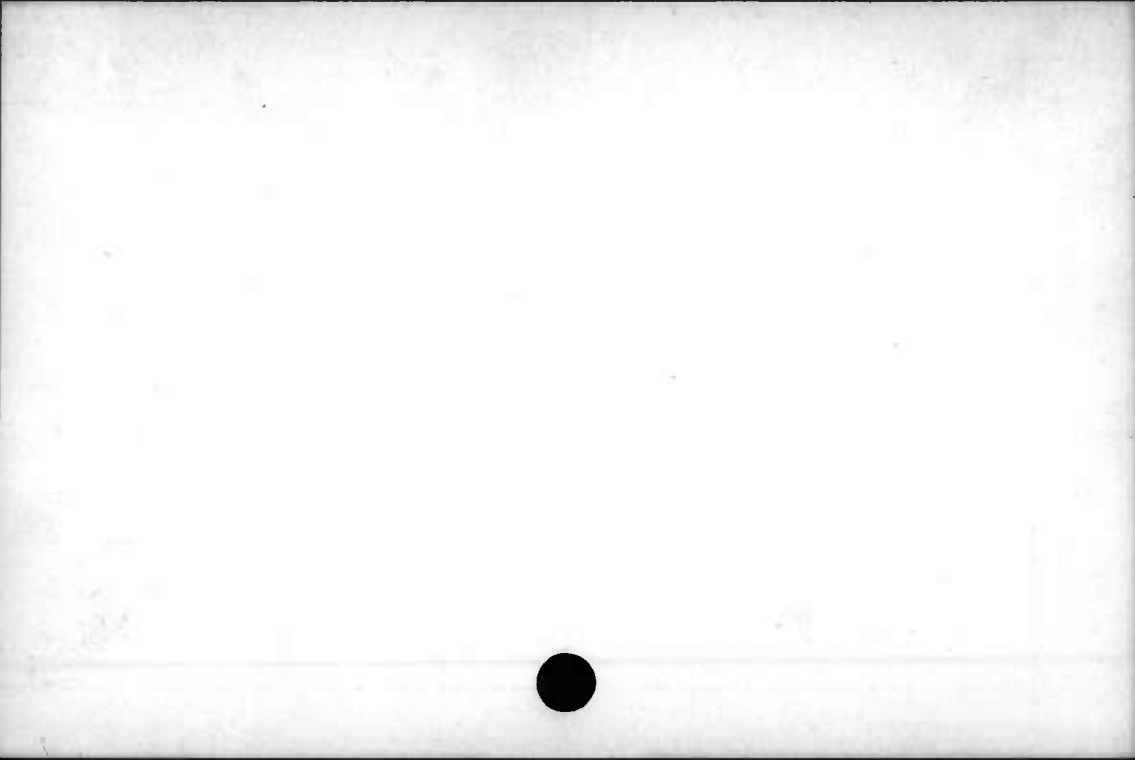
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summerville</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Dec</i> ^{Month}	<i>1</i> ^{Day}	Age <i>44</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jos B. Morrissey</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Larry McCarty</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>St. B. Brown</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Doan</i>	
	Address <i>Summerville</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

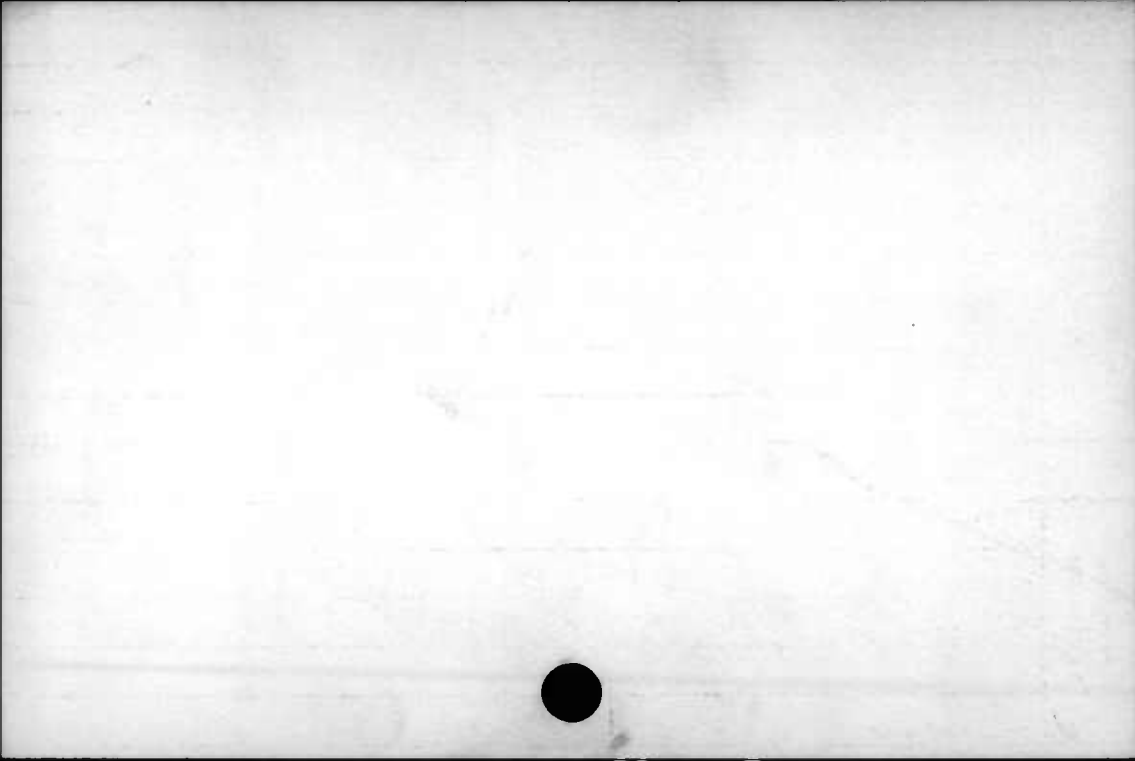
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Muntrop</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>19</i>		Years <i>53</i>	
Date of death 190 <i>3</i>		Month <i>12</i>		Day <i>19</i>		Age <i>53</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>		Months Days 	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Lebaner</i>		Name of Wife or Husband 		Father's Name 	
Father's Name 		Mother's Maiden Name 		Father's Birthplace 		Mother's Birthplace 	
Name of person giving Information 		How related to deceased 		Name of Wife or Husband 		Father's Name 	

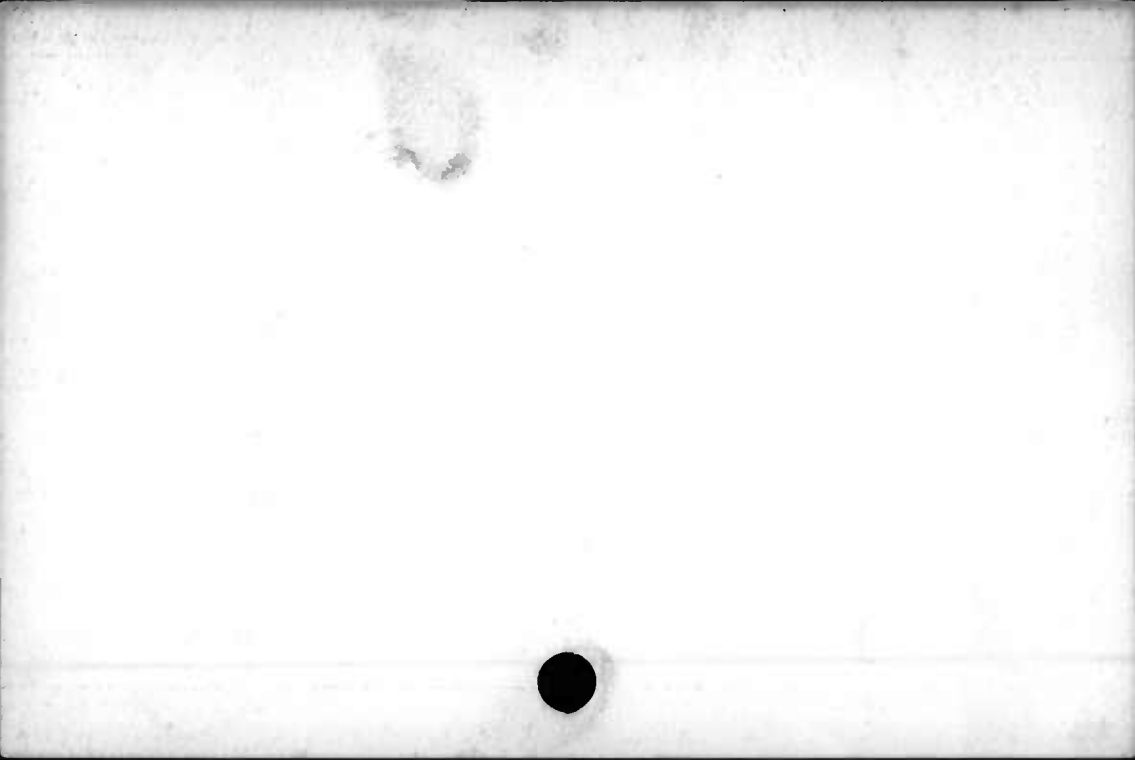
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Alcoholism</i>		How long <i>2 weeks</i>	
Immediate <i>Apoplexy</i>		How long <i>6 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. B. [illegible]</i>	
Address <i>Cumberland Md</i>		Accident or Suicide? 	



Name in Full		Mary Elizabeth Myers				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Donacoring		allipany					
	Date of death 1903		Month	Day	Age	Years	Months	Days
	3		Dec	8	1			24
	Sex		Color or Race		Birth-place			
	Female		White		Donacoring Md			
	Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband								
Father's Name		John Myers of Henry				Father's Birthplace		
Mother's Maiden Name		Elizabeth Cunningham				Mother's Birthplace		
Name of person giving information		Mrs John Myers				How related to deceased		
		Mother						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Ineasles		How long			
					14 days			
	Immediate		Capillary Bronchitis		How long			
					8 days			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				M. Gibson Fort				
				Address				
				Donacoring Md.				
Accident or Suicide?		no						



Name
in
Full

CERTIFICATE OF DEATH

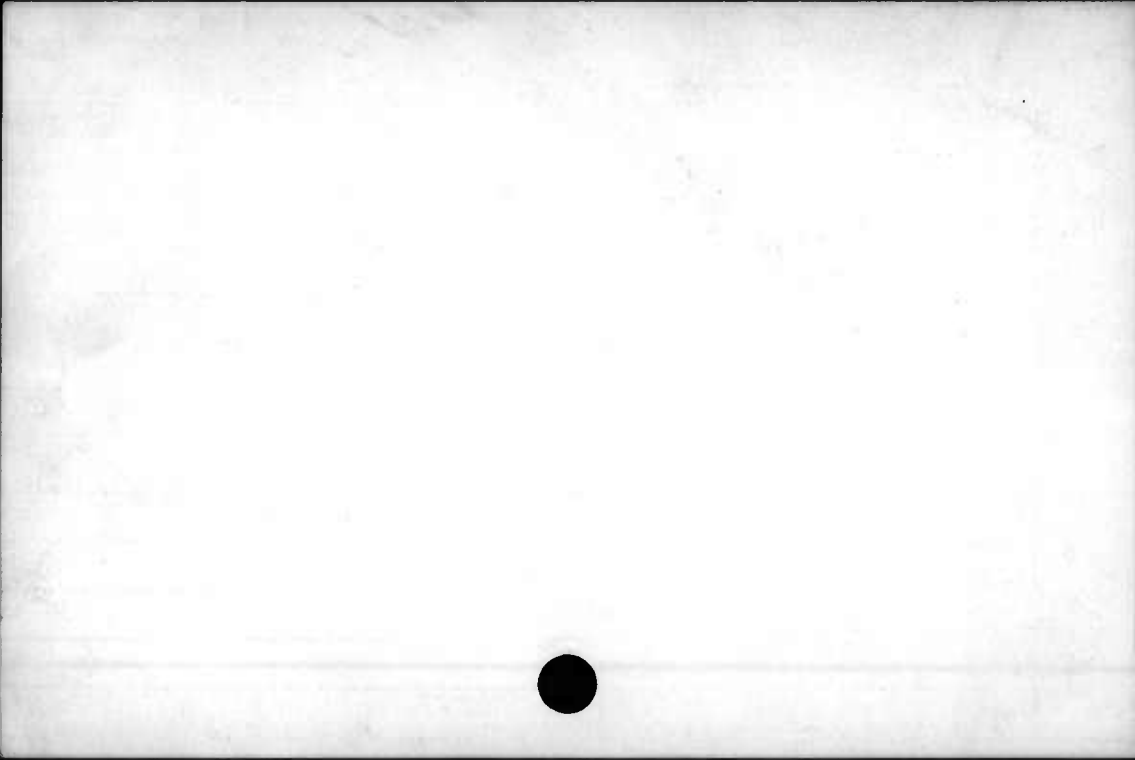
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Gertrude Nichols</i>		Town <i>Linacoring</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died Date of death 190 <i>3</i>		Month <i>Dec</i>	Day <i>18</i>	Age <i>3</i>	Years <i>3</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Linacoring</i>			
Married, Single or Widowed				Occupation <i>none</i>			
Name of Wife or Husband							
Father's Name <i>James M. Nichols</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Gertrude Bezier</i>				Mother's Birthplace <i>Michigan</i>			
Name of person giving In formation <i>Mrs. James Nichols</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>One week</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	
Signature of Physician <i>W. B. Skilling</i>	
Address <i>Linacoring</i>	
Accident or Suicide? <i>—</i>	



Name
in
Full

Bertha Pennel

CERTIFICATE OF DEATH

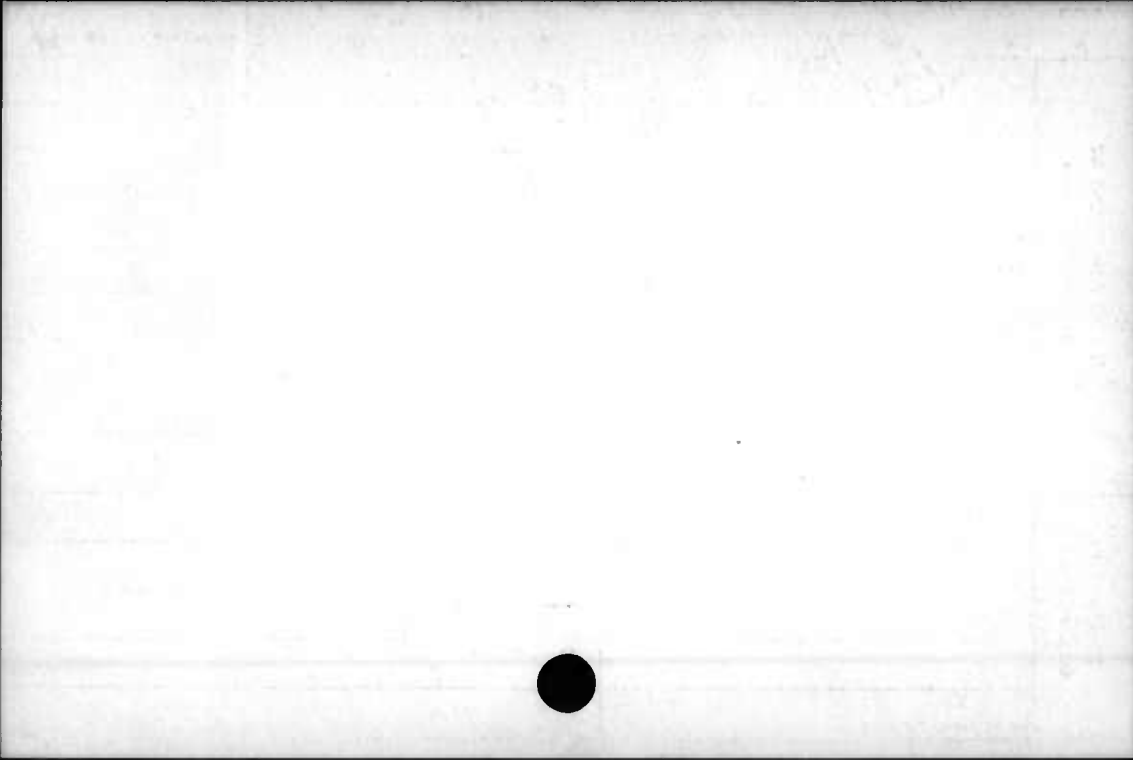
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Old Town</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1903	<i>Dec.</i> ^{Month}	<i>23</i> ^{Day}	Age <i>1</i> ^{Years}	<i>2</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Old Town Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
Name of Wife or Husband					
Father's Name <i>Samuel S. Pennel</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Eura. V. McElie</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Mrs McElie</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute - Cold</i>	How long <i>Six days</i>
Immediate <i>Diphtheria Pneumonia</i>	How long <i>Six hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. V. Harbangle</i>
	Address <i>Old Town Maryland</i>
Accident or Suicide?	



Name
in
Full

Alice Lilian Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1903	Month Dec	Day 21	Age Years	14	Months	Days
Sex	Female		Color or Race	White		Birth- place	old Town
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				J J Howell Step father		Father's Birthplace	
Mother's Maiden Name				Mrs Annie Howell		Mother's Birthplace	
Name of person giving information				J J Howell		How related to deceased	
						Step father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	
Immediate	Diphtheria	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. S. Drails M.D.	
Address		Cumberland	
Accident or Suicide?		No	



Name
in
Full

Francis Whalen Purinton

CERTIFICATE OF DEATH

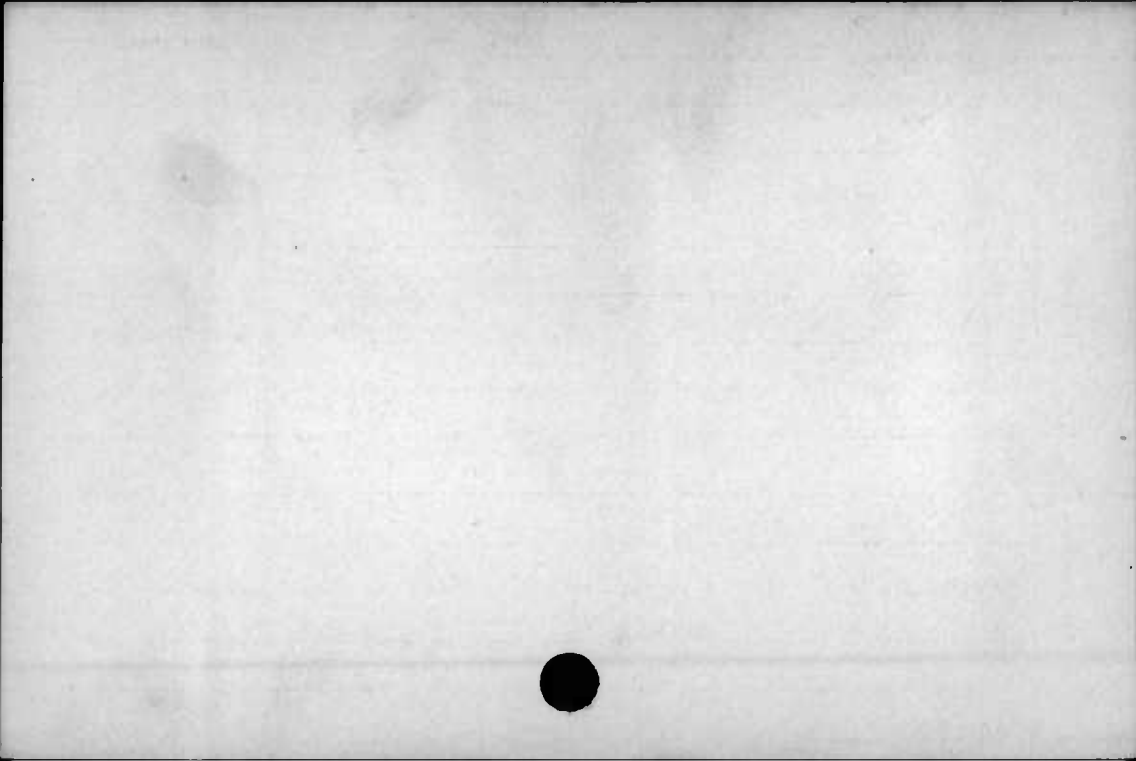
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		<i>Alleg.</i>		County		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Dec</i>	Day	<i>3</i>	Age	<i>—</i>	Years	Months
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Cumt Mo</i>				
Occupation	<i>—</i>			Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed			Name of Wife or Husband						
Father's Name			<i>Orpheus B Purinton</i>				Father's Birthplace		
Mother's Maiden Name			<i>Lizzie Norton</i>				Mother's Birthplace		
Name of person giving information			<i>Mother</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 de</i>
Immediate	<i>exhaustion</i>	How long	<i>1 de</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. L. Braden</i>
		Address	<i>Cumt Mo</i>
Accident or Suicide?	<i>No</i>		<i>98 Va Ave</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

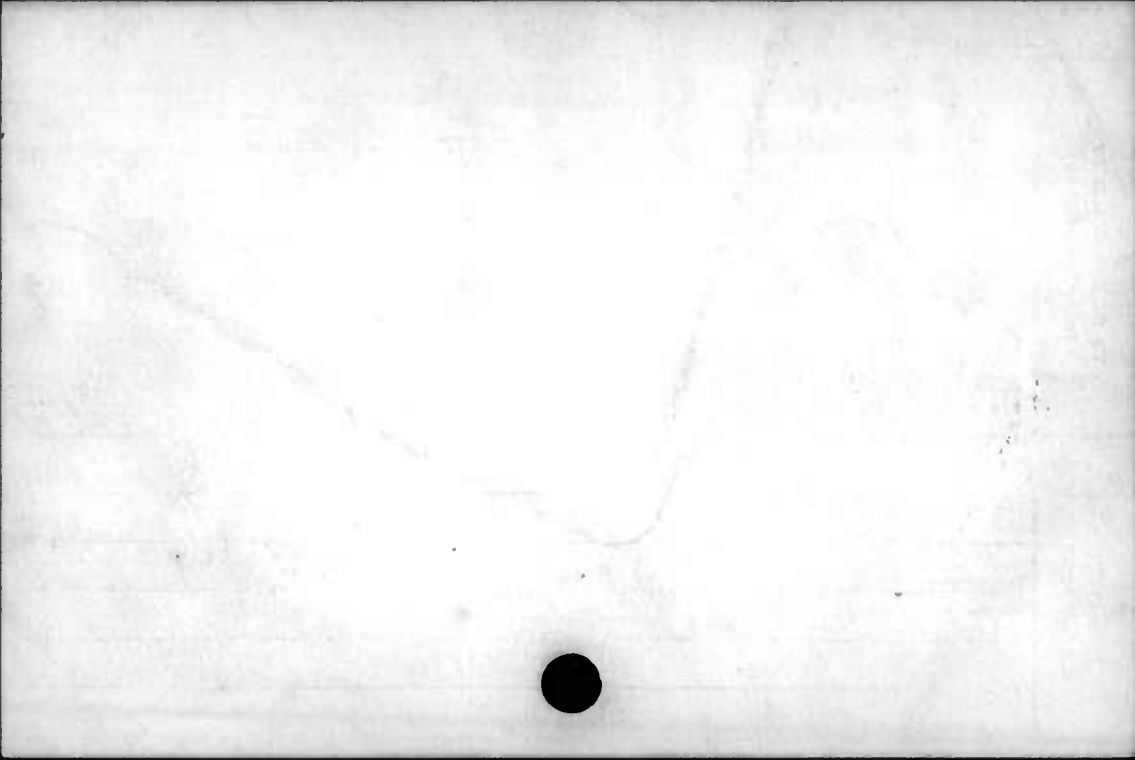
MARYLAND

Name in Full Juchanah T. Reynolds		Town Near Oldtown		County Allegheny Co	
Died at Near Oldtown		Month Dec		Day 3	
Date of death 190 3		Age 54		Months 9	
Sex Male		Color or Race White - German		Birth- place Harpers Ferry	
Married, Single or Widowed Married		Occupation Locktender			
Name of Wife or Husband Mary M. Reynolds					
Father's Name John Reynolds				Father's Birthplace Germany	
Mother's Maiden Name Letha Hoopes				Mother's Birthplace Harpers Ferry	
Name of person giving in formation Samuel Reynolds				How related to deceased Son	

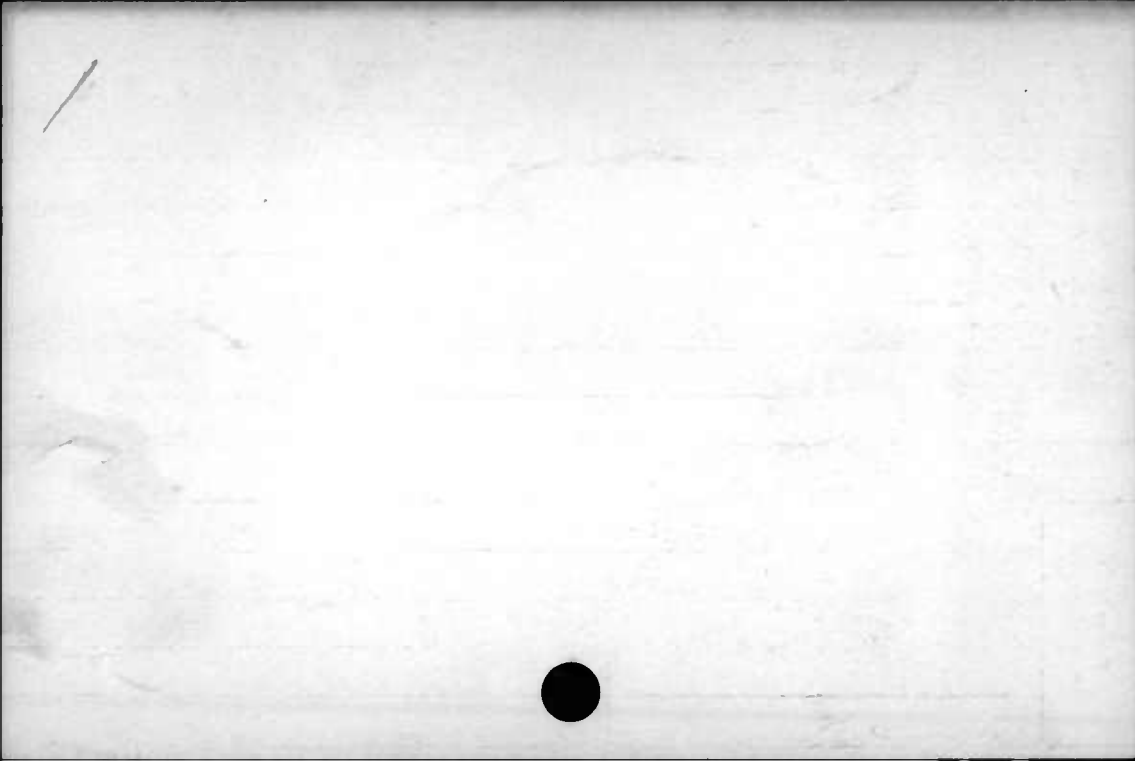
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's Disease	How long 14 Months
Immediate Serum	How long 4 Wks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Chas B. Sutcliffe
	Address Oldtown, Md
Accident or Suicide? —	



Name in Full Mary Martha Richardson		CERTIFICATE OF DEATH	
Died at Cumberland ^{Town}		Allegany ^{County}	
Date of death 1903 December ^{Month} 31 ^{Day}		Age 51 ^{Years} 3 ^{Months} ^{Days}	
Sex Female		Color or Race White	
Married, Single or Widowed Married		Birth-place Uniontown Pa.	
Name of Wife or Husband J.W. Richardson		Occupation Housewife	
Father's Name Robert Crayton		Father's Birthplace Uniontown Pa.	
Mother's Maiden Name Harette Brownfield		Mother's Birthplace	
Name of person giving information Sallie Richardson		How related to deceased Daughter	
CAUSES OF DEATH			
Primary Chronic Opium Poisoning		How long year & half	
Immediate Heart Failure		How long 12 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F.L. Barkedoll M.D.	
		Address 116 Virginia ave.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

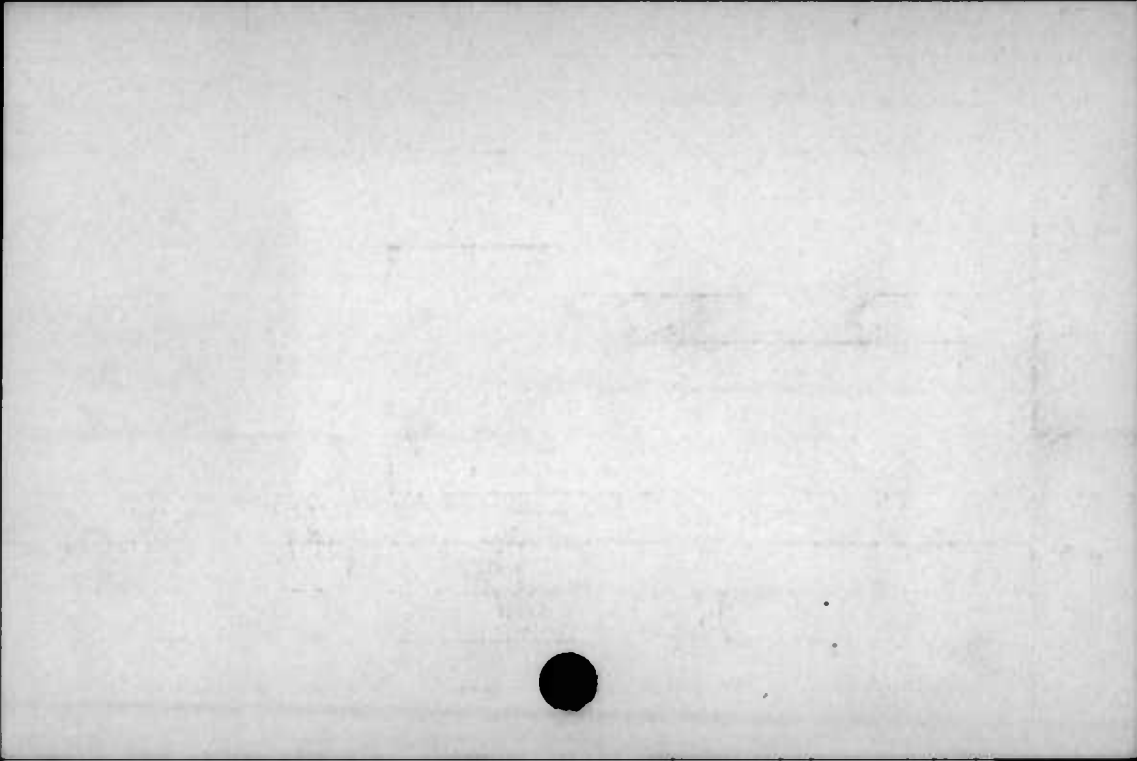
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Ambrose</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Dec.</i> ^{Month}	<i>30</i> ^{Day}	<i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Ambrose Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas. E. Ricketts</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Caroline E. Fink-S.</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>—</i>
Immediate <i>Still born at term had probably been dead in uterus 3 weeks</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. L. Broadnax M.D.</i>
	Address <i>St. Ambrose Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

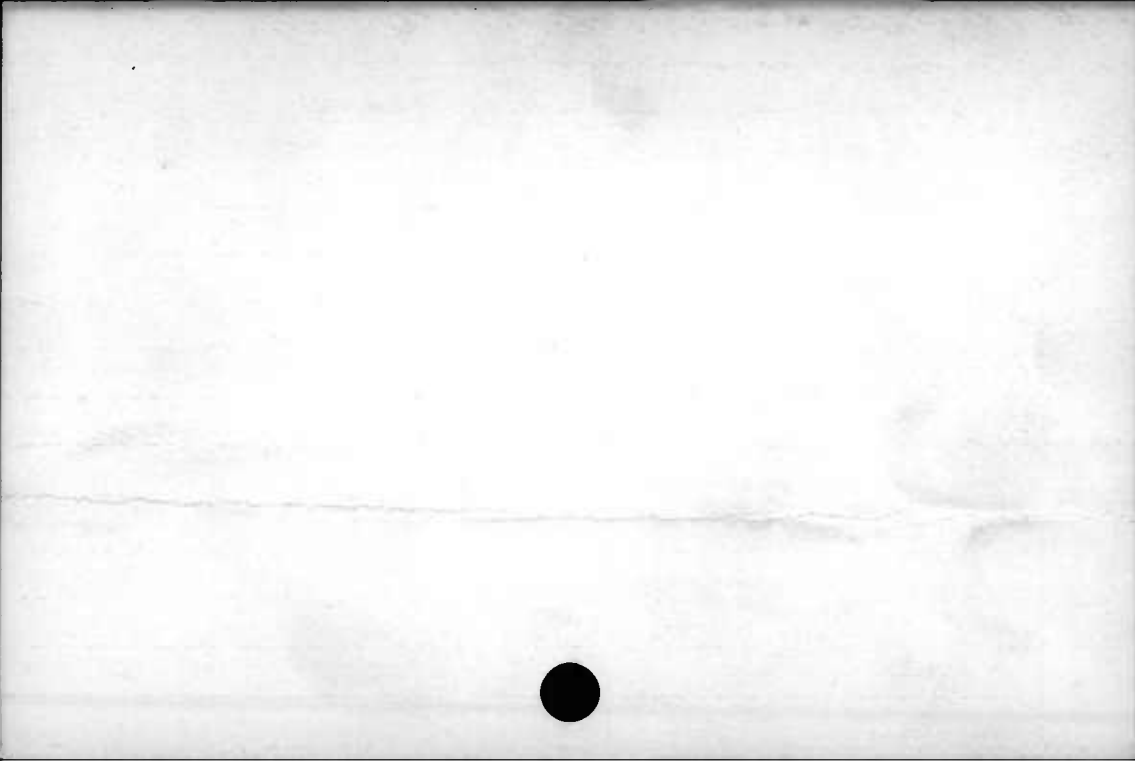
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Alligary</i>		MARYLAND	
Date of death 190	3	Month <i>Dec</i>	Day <i>29</i>	Age Years	Months	Days <i>18</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Ind</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Rev Z. Krbina</i>				Fether's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Jillie Veslo</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Rev Z. Krbina</i>				How related to deceased <i>Father</i>			

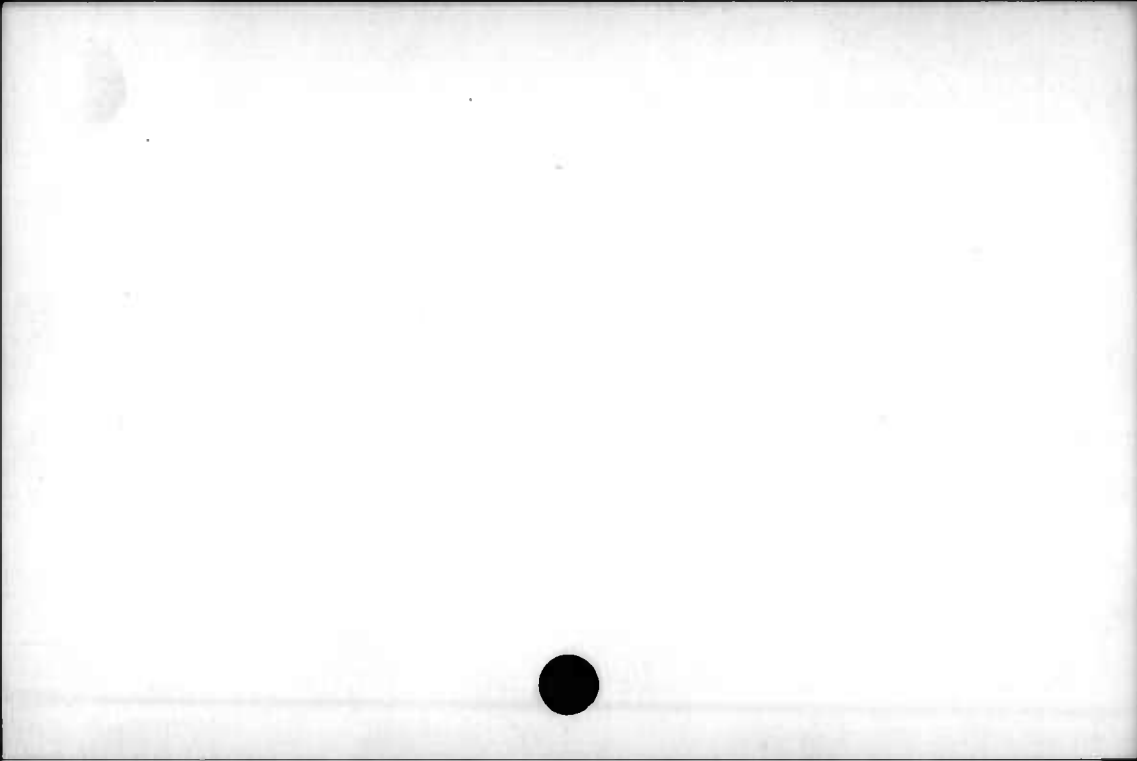
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Excess intake</i>	How long <i>5-2 days</i>
Immediate <i>Convulsion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date end place correctly given above? <i>Yes</i>	Signature of Physician <i>H. S. Drails M.D.</i>
	Address <i>Cumberland Ind</i>
Accident or Sulcide?	



Name in Full		John Robinette				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumberland		County Allegany		MARYLAND	
	Date of death	1903	Month Dec	Day 24th	Age 18	Years —	Months —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	—		Where Residing if not at place of death —			
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	Wm. A. Robinette				Father's Birthplace	
	Mother's Maiden Name	Sallie E.				Mother's Birthplace	
Name of person giving Information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Consumption				How long 1 yr	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. H. N. C.		
					Address Cumberland Md		
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Hazel May Robbins		Town Cumtld.		County Allegheny		MAYLAND	
Died at		Date of death		Age		Months Days	
		1903 Dec 26		4		— —	
Sex Female		Color or Race White		Birth-place Cumtld.			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Chas Rollins		Father's Birthplace Cumtld.					
Mother's Maiden Name Martha Brown		Mother's Birthplace					
Name of person giving information Chas Rollins		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Medicine	How long 1 week
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. J. Hails M.D.
	Address Campbellton Pa
Accident or Suicide?	md

82 Winnow St.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Crimmeland

Town

County

Date

of death 190

3

Month

12

Day

12

Age

Years

76

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Eun

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

A. F. Ryland Jr

Father's
Name

Morrison

Father's
BirthplaceMother's
Maiden Name

Morrison

Mother's
BirthplaceName of person giving
In formation

James Ryland

How related
to deceased

CAUSES OF DEATH

Primary

Chronic Acute Intestinal Catarrh

How long

Several years

Immediate

Gastritis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

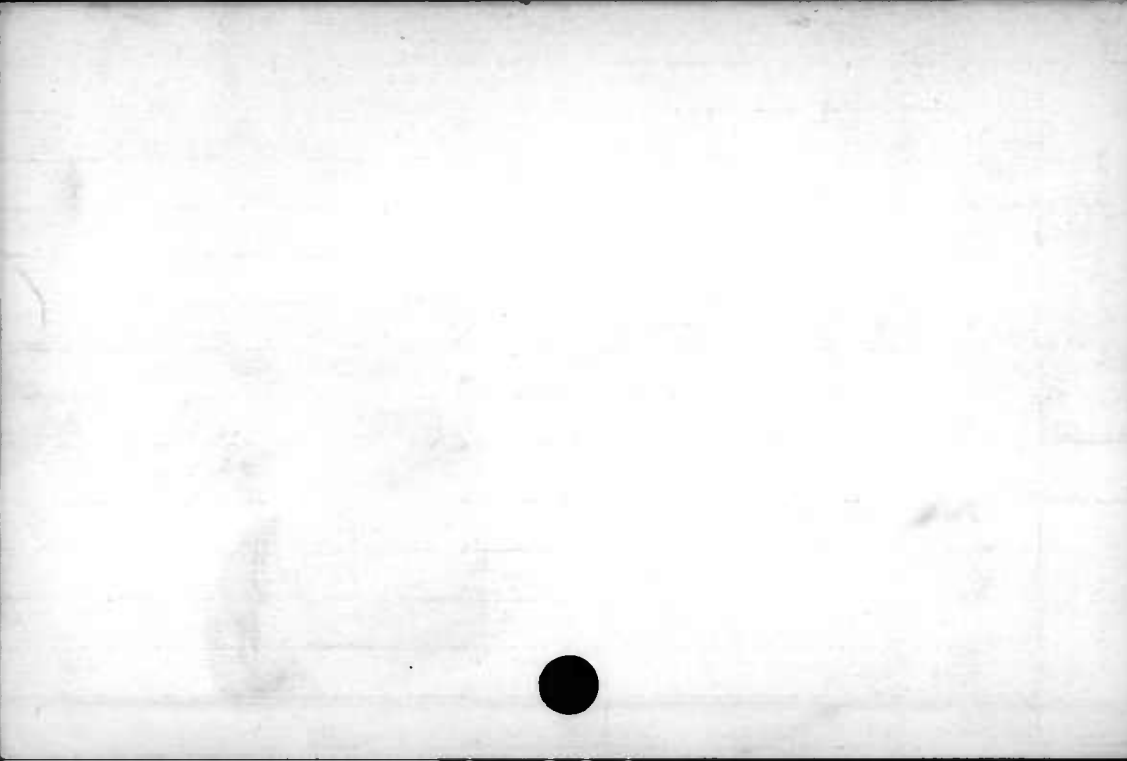
J. W. Suber

Address



Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alice P. Schenck

CERTIFICATE OF DEATH

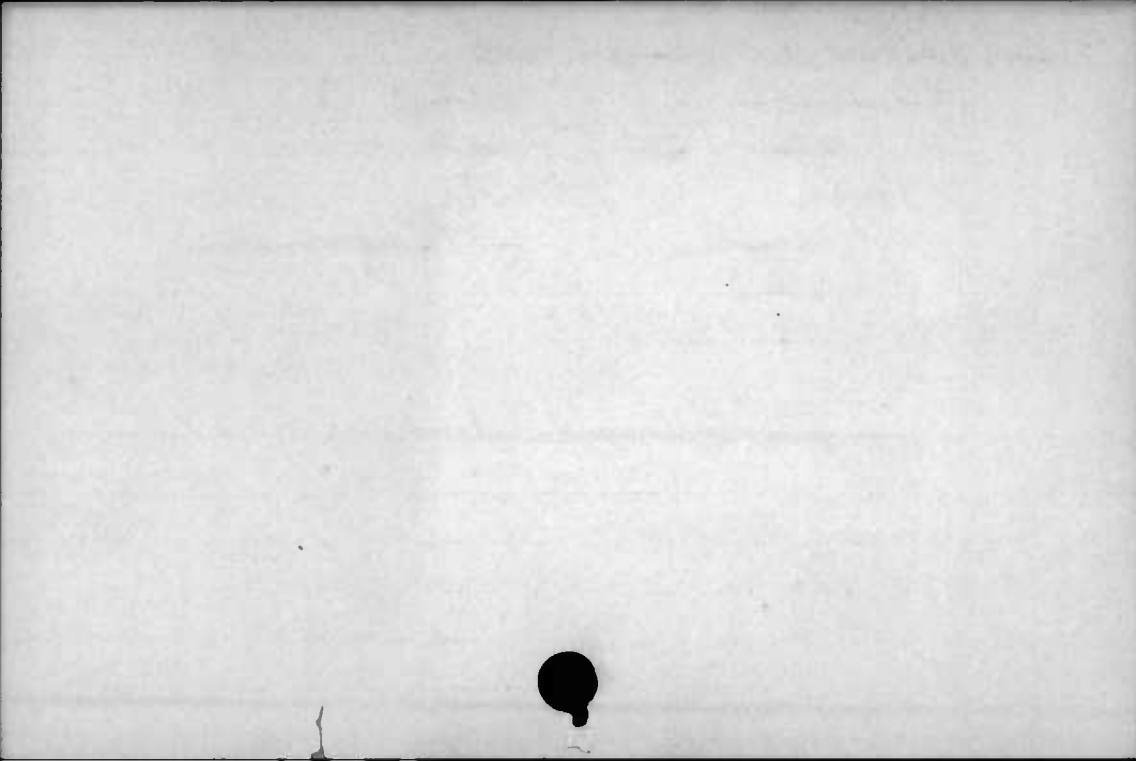
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt.</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>30</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumt.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>H. W. Schenck</i>			
Father's Name <i>Samuel Bradley</i>			Father's Birthplace		
Mother's Maiden Name <i>Bradley</i>			Mother's Birthplace		
Name of person giving information			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Puerperal Fever</i>	How long <i>10 days</i>
Immediate <i>Loxemia</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Jackson</i>
	Address
Accident or Suicide?	



Name
in
Full

Edward A Schenk

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1903

Month

12

Day

26

Age

Years

62

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Married

Occupation

Plagman

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information

Mrs Edward Schenk

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Alumina

How long

about three years

Immediate

Meningeal poisoning

How long

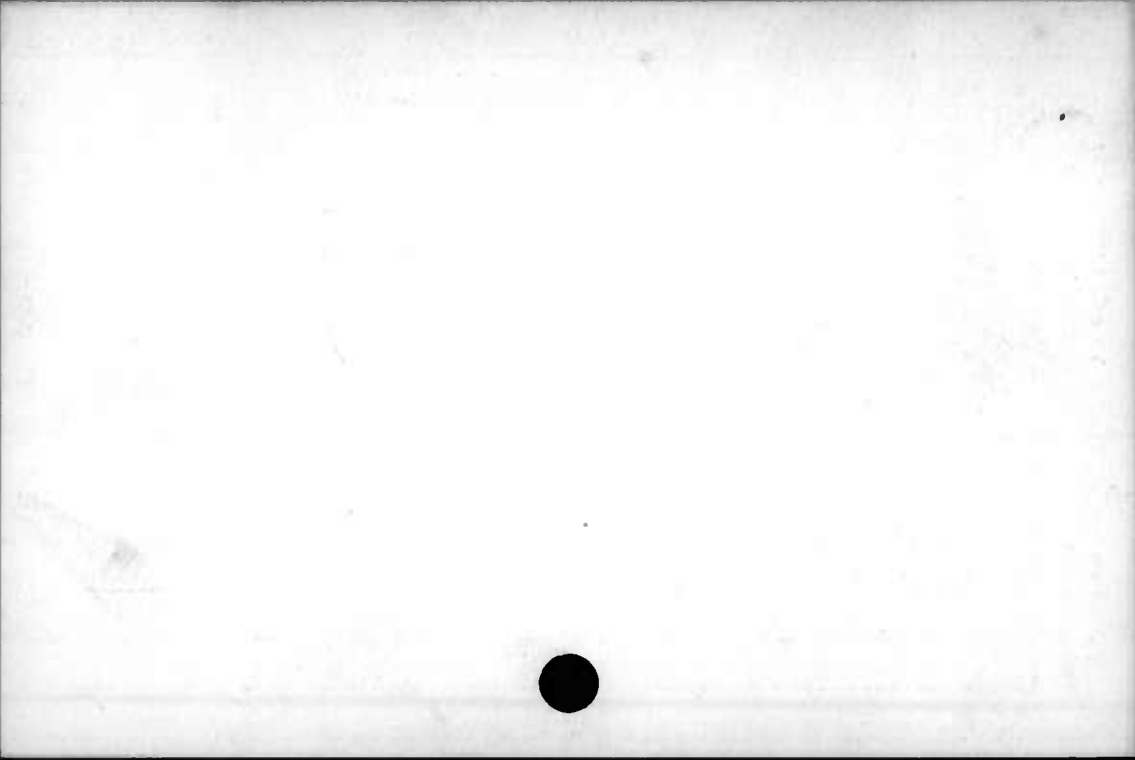
about 10 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

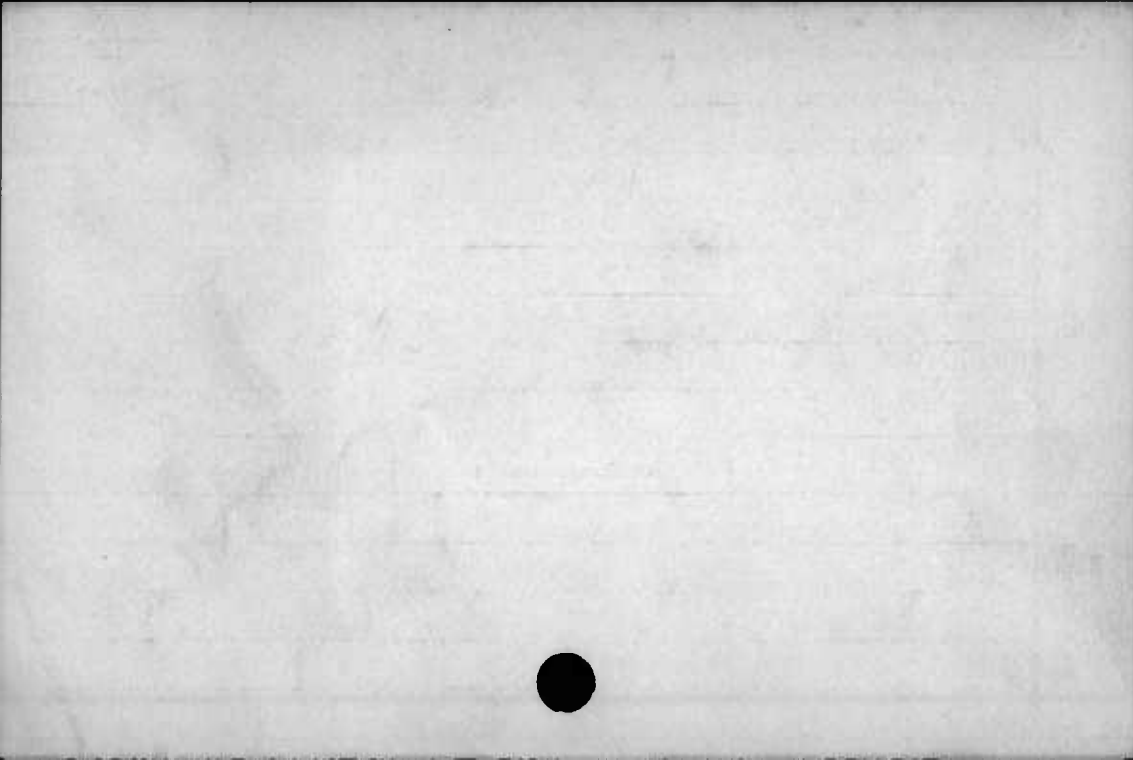
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>infant West Scofield</i>		Town <i>Cumtola</i>		County <i>Allegh</i>		State <i>MARYLAND</i>	
Died at <i>Cumtola</i>		Month <i>Dec</i>		Day <i>8</i>		Age <i>Stillborn</i>	
Date of death <i>1903</i>		Month <i>Dec</i>		Day <i>8</i>		Age <i>Stillborn</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cumtola</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>West Scofield</i>				Father's Birthplace <i>Frostburg</i>			
Mother's Maiden Name <i>Lena Shrimp</i>				Mother's Birthplace <i>Cumtola Md</i>			
Name of person giving Information <i>—</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hardy labor</i>		How long <i>—</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. H. Brace</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>—</i>			



Name in Full Infant		CERTIFICATE OF DEATH	
Died at Cumberland ^{Town}		Allegheny ^{County}	
Date of death 1903 12 ^{Month}		12 ^{Day}	
Sex Male		Color or Race White	
Married, Single or Widowed —		Occupation —	
Name of Wife or Husband		Father's Birthplace Ta	
Father's Name J. C. Shalving S.		Mother's Birthplace Pa.	
Mother's Maiden Name Halunae M. C. Coy		How related to deceased Father	
Name of person giving information Father			

CAUSES OF DEATH	
Primary Premature Birth	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. L. Carter
	Address Cumberland Md
Accident or Suicide? neither	



Name

in
Full

CERTIFICATE OF DEATH

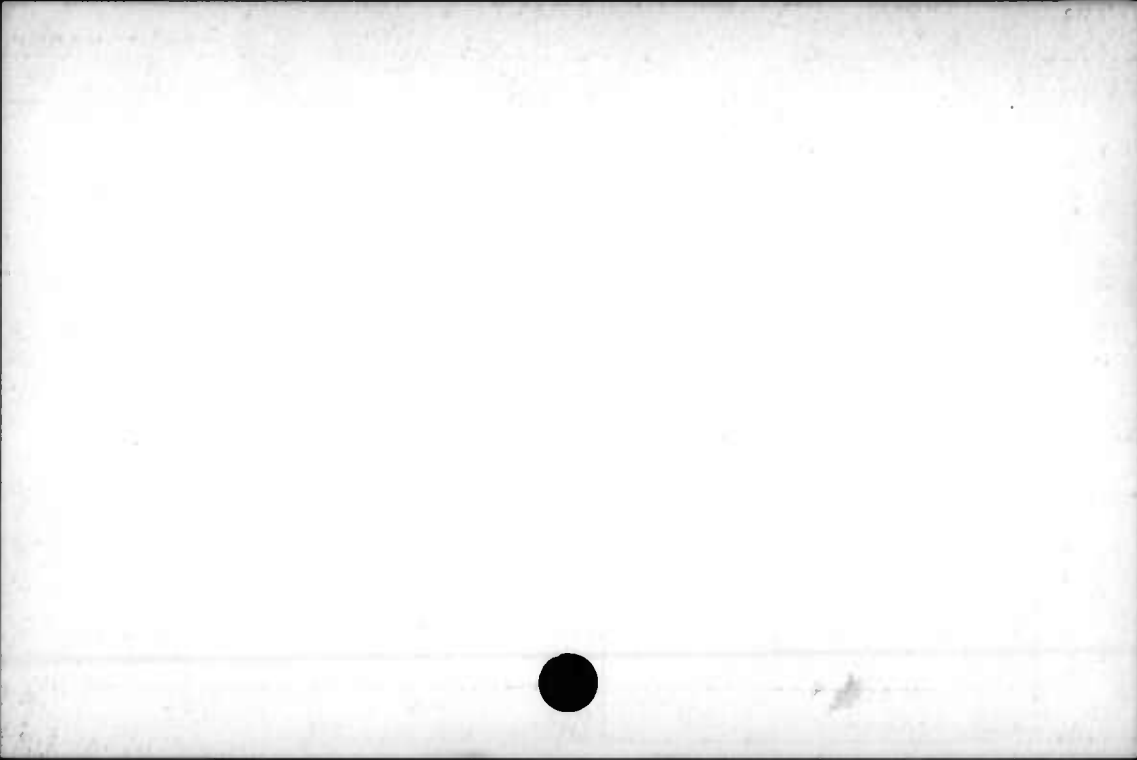
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tonawoning</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>Dec</u> ^{Month}	<u>6</u> ^{Day}	Age <u>31</u> ^{Years}	<u>3</u> ^{Months}	<u>29</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Tonawoning Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>-</u>		
Name of Wife or Husband <u>-</u>					
Father's Name <u>Samuel N. Sloan</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary A. Yates</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>J. N. Sloan</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Intestinal Tuberculosis</u>	How long <u>10 months</u>
Immediate <u>Enteric Colitis</u>	How long <u>5 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. Gibson Porter</u>
	Address <u>Tonawoning Md</u>
Accident or Suicide? <u>No</u>	



Name in Full Robert A. Simmsville		CERTIFICATE OF DEATH	
Town Gilman		County Allegheny	
Died at Gilman		MARYLAND	
Date of death 1903	Month Dec	Day 24	Age 77
Sex Male	Color or Race White	Birth place Scotland	Months 5
Married, Single or Widowed Widower		Occupation None (Retired)	
Name of Wife or Husband —			
Father's Name John Simmsville		Father's Birthplace Scotland	
Mother's Maiden Name Edna Anderson		Mother's Birthplace Scotland	
Name of person giving information Simmsville		How related to deceased Nephew	
CAUSES OF DEATH			
Primary Carcinoma of Stomach		How long 3 months	
Immediate Insanities		How long 3 weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. D. Skilling	
		Address Longcamping	
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

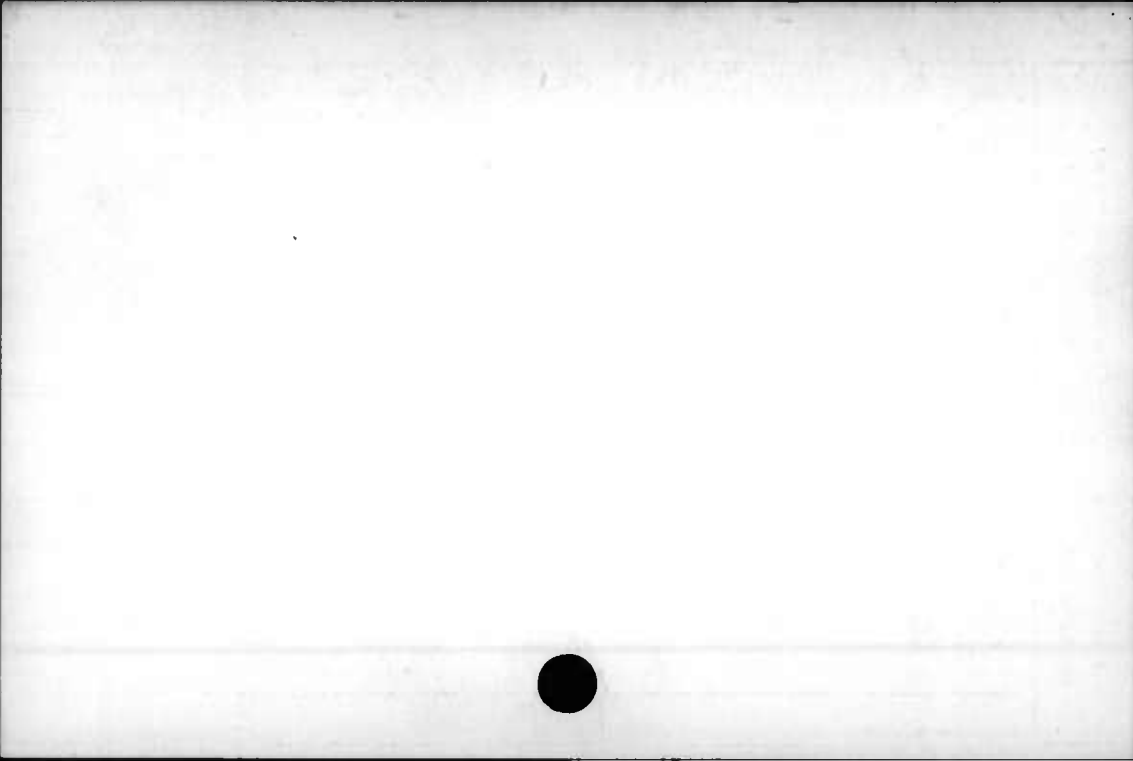
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pekin</i> Town <i>Stafford</i> County <i>Allegheny</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>23</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pekin</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>Hugh Clifford</i>	Father's Birthplace <i>Lonsconing Md</i>		
Mother's Maiden Name <i>Agnes Cameron</i>	Mother's Birthplace <i>Lonsconing Md</i>		
Name of person giving information <i>Hugh Stafford</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Puerperal Eclampsia - Immaturity</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
	Address <i>Lonsconing Maryland</i>
Accident or Suicide?	



Name in Full		Henry Stapenhorst				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Lomaha				Allegh		
		Date of death		1903	Month	Dec	Day	4
		Age		55	Years		Months	-
		Sex		Male	Color or Race		White	Birth-place
		Occupation		Taylor	Where Residing if not at place of death			
		Married, Single or Widowed		married	Name of Wife or Husband			
Father's Name		-	Father's Birthplace					
Mother's Maiden Name		-	Mother's Birthplace					
Name of person giving information		George Stapenhorst				How related to deceased		
						Son.		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Tuberculosis of lungs				1 1/2 yrs		
		Immediate				How long		
		Dranition						
		Are the name, age, sex, color, date and place correctly given above?				yes		
Signature of Physician		H. H. Stansbury						
Address		Stansbury						
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ms. John Sternbach* Town *Luzerne* County *Alligany*

Died at *Luzerne* *Alligany*

Date of death 190 *3* *Dec* *19* *(19)* Age *62* Months *0* Days *0*

Sex *Female* Color or Race *White* Birth-place *Germany*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband *John Sternbach*

Father's Name *Overbach* Father's Birthplace *Germany*

Mother's Maiden Name *Kath. Runyon* Mother's Birthplace *Germany*

Name of person giving information *John Sternbach* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *La-grippe* How long *10 days*

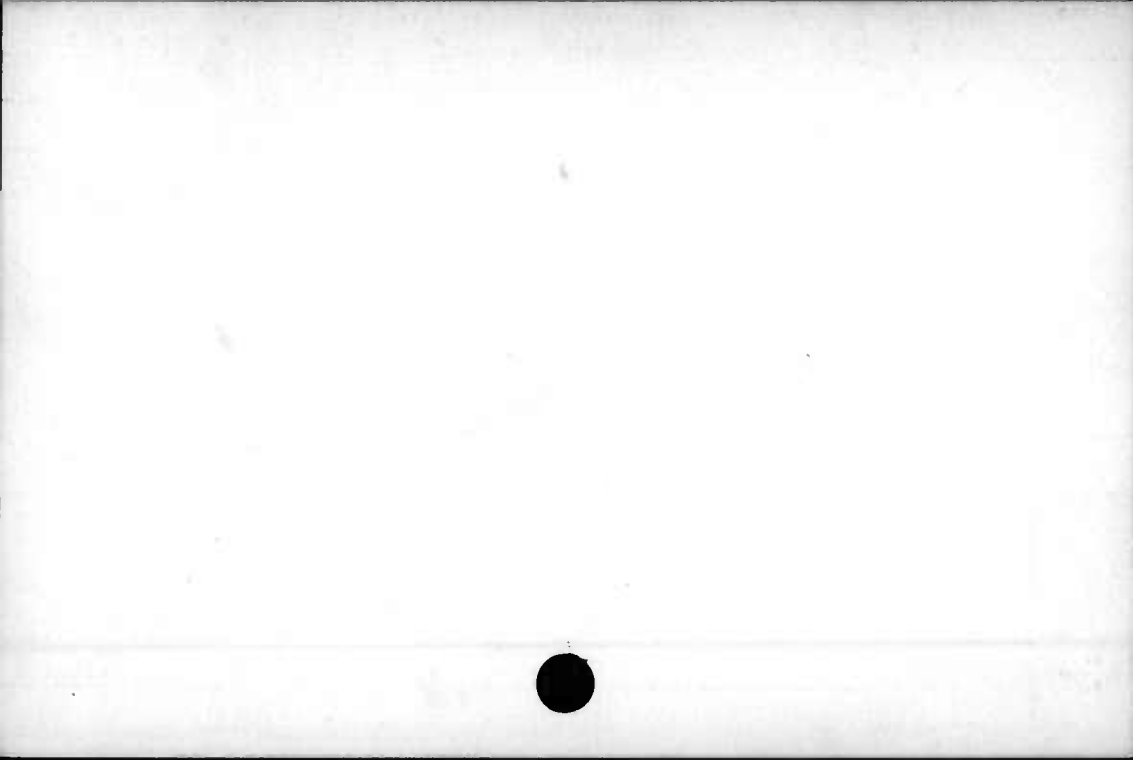
Immediate *Cerebral plexy* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. D. Skilling*

Address *Luzerne*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Trinity Taussey Taussey

Town *Mid Savage* County *Allegheny* MARYLAND

Died at *Mid Savage*

Date of death 190 *3* Month *Dec* Day *30* Age *79* Years Months *1* Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

~~Married, Single or Widowed~~ *Married* Occupation *Labourer*

Name of Wife or Husband *Katherine Horan*

Father's Name *John Taussey* Father's Birthplace *Ireland*

Mother's Maiden Name *Ann Horan* Mother's Birthplace *Ireland*

Name of person giving information *Trinity Taussey* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *6 days*

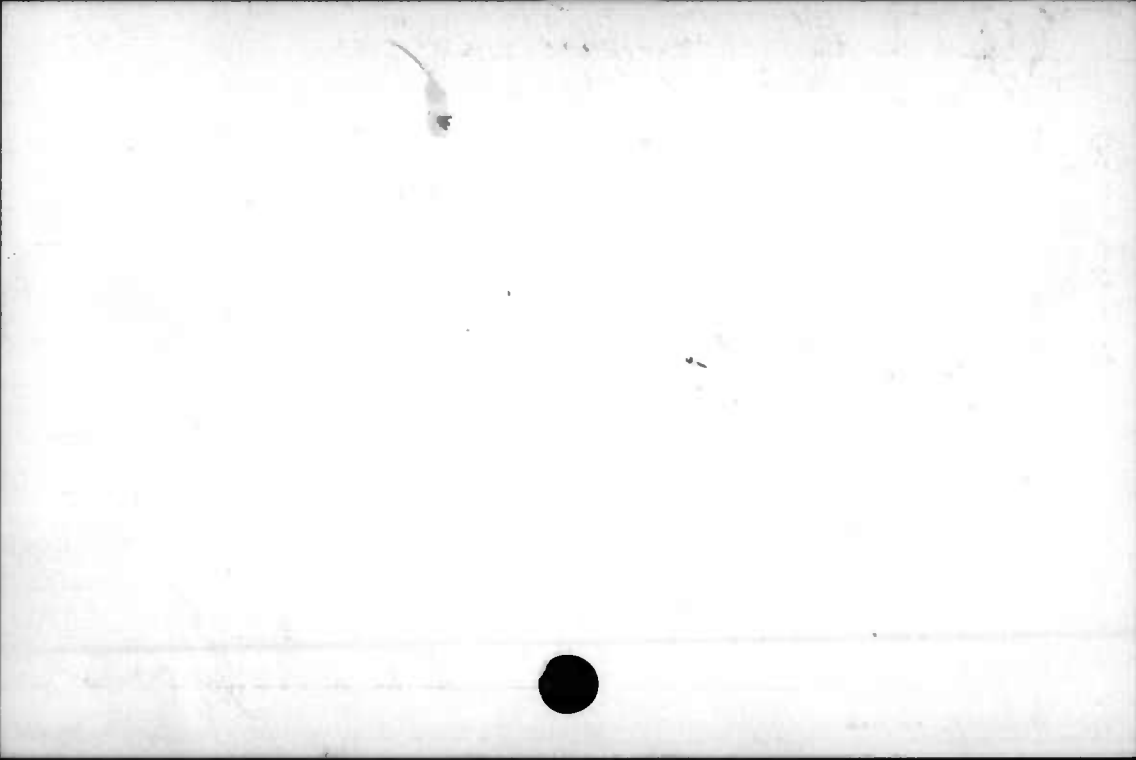
Immediate *Bacterial pneumonia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Robert S. Mumford*

Address *Mid Savage Md*

Accident or Suicide? ☐



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *Joshua Taylors* Infant
 Died at *Cumberland* ^{Town} *Alleghany* ^{County}

Date of death *1903* Month *12* Day *20* Age *—* Years *—* Months *—* Days *1*

Sex *Female* Color or Race *Black* Birth-place *Cumt*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Joshua Taylor* Father's Birthplace *MD*

Mother's Maiden Name *Elizabeth Washington* Mother's Birthplace *A. B.*

Name of person giving Information *Mother of Ch* How related to deceased *—*

CAUSES OF DEATH

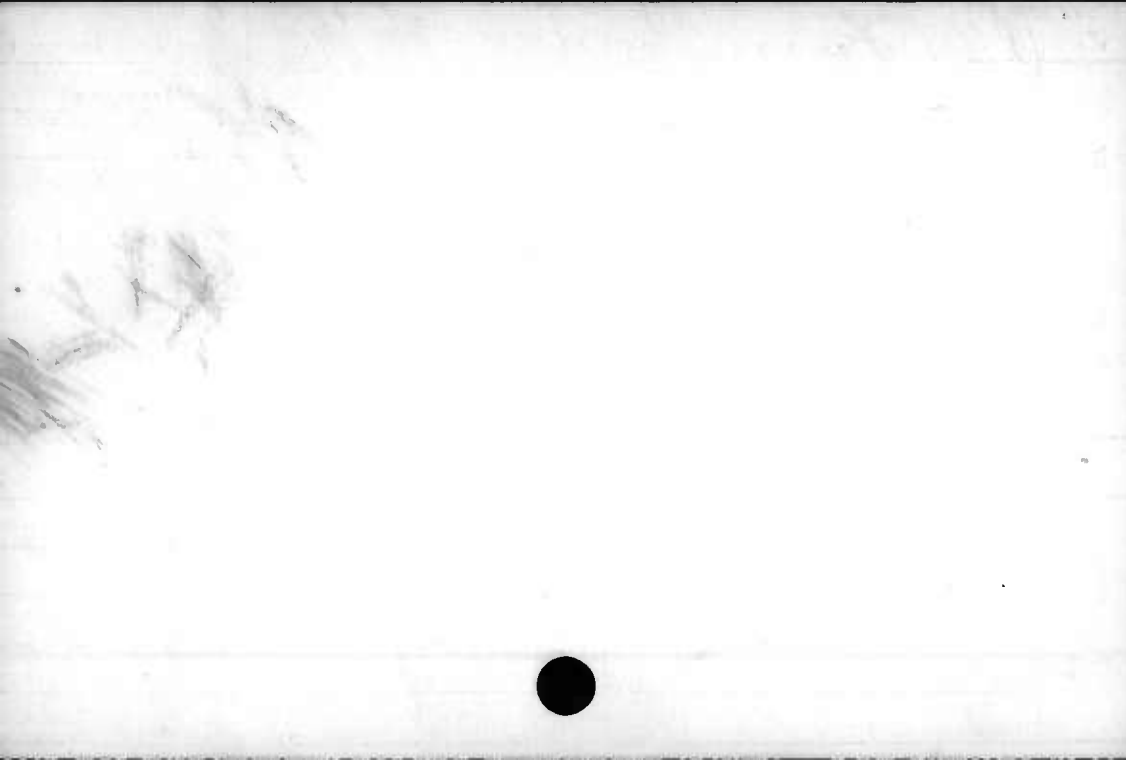
Primary *Syphilis* How long *—*

Immediate *Premature Birth* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. J. Scrigg*

Address *Cumt*

Accident or Suicide? *—*



Name
in
Full

Mrs Hannah Thomas

CERTIFICATE OF DEATH

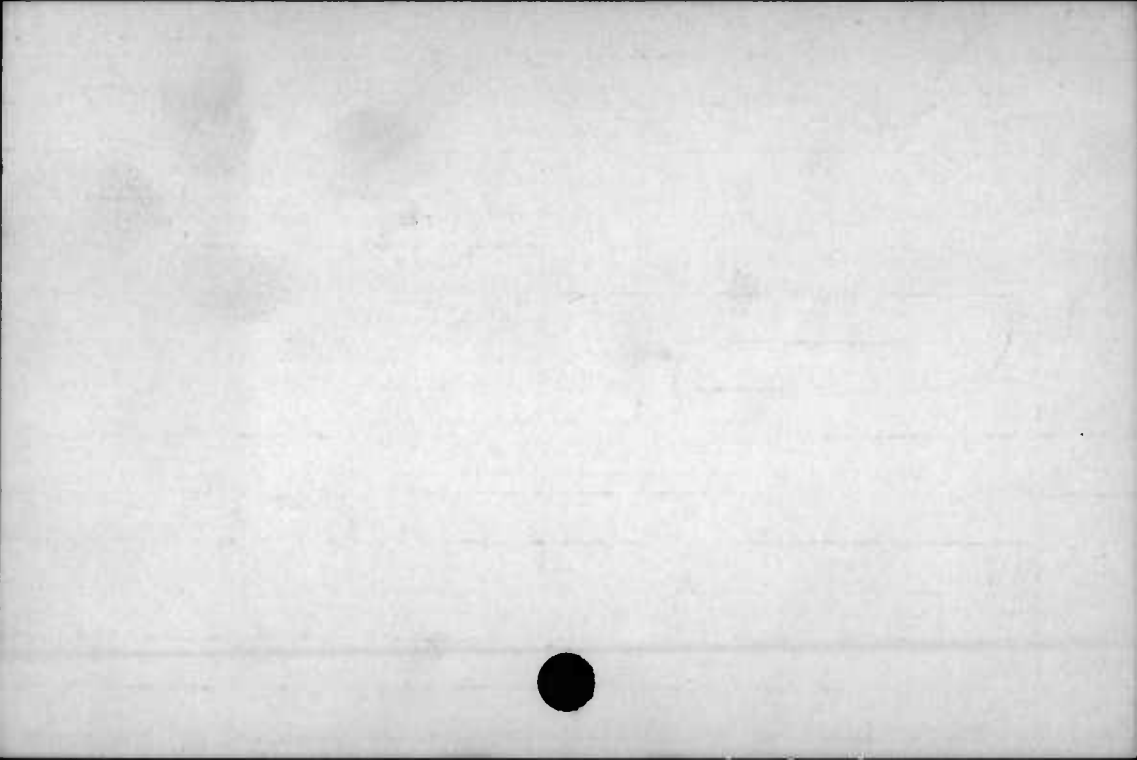
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smith</i> Town		<i>Allegh</i> County		MARYLAND	
Date of death	1903	Month	<i>Dec</i>	Day	<i>5</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Years	<i>20</i>
Birth-place	<i>Frederick Co</i>				
Occupation	<i>Wife</i>				
Where Residing if not at place of death					
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Clarence H Thomas</i>		
Father's Name					Father's Birthplace
Mother's Maiden Name	<i>Elopheth Dennis</i>				Mother's Birthplace
Name of person giving information					How related to deceased <i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Purpura septicæmia</i>	How long	<i>7 days</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. W. W. W.</i>	
		Address	
		<i>1014 1/2</i>	
Accident or Suicide <input checked="" type="checkbox"/>			



Name
in
Full

Mary M. Sichelites

CERTIFICATE OF DEATH

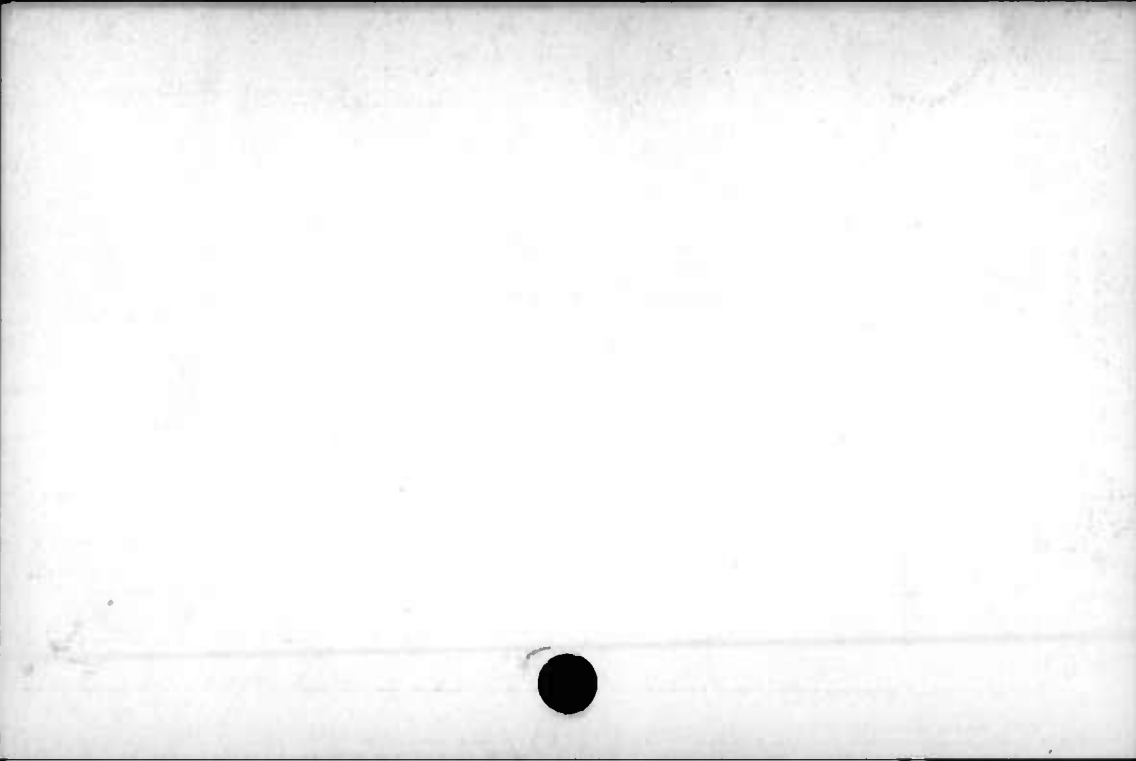
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumbers Land</i>		Town <i>Cumbers Land</i>		County <i>Allegheny</i>		MAYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>10</i>	Age <i>43</i>	Years <i>43</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>✓</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>J. P. Sichelites</i>							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Rowland</i>
	Address <i>Cumbers Land</i>
Accident or Suicide?	<i>Wm.</i>



Name
in
Full

CERTIFICATE OF DEATH

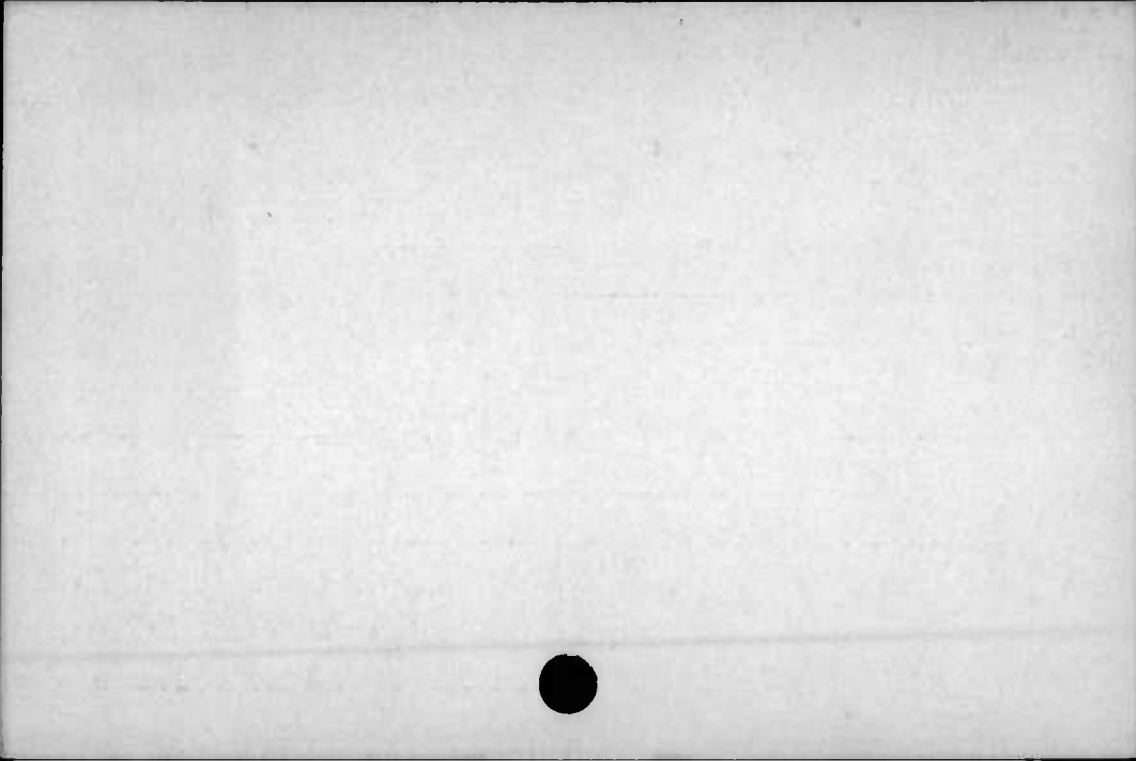
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>9</i>	Age <i>84</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William Vest</i>				
Father's Name	<i>154</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>J. H. Markwood</i>				How related to deceased	<i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Hodgson</i>
	Address <i>Cumberland</i>
	<i>Ma</i>
Accident or Suicide?	



Name
in
Full

Mrs M. A. Willard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Dec</u>	Day <u>28</u>	Age <u>73</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Cumberland</u>		
Married, Single or Widowed <u>widow</u>			Occupation <u></u>		
Name of Wife or Husband <u>J. P. Willard</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Mrs A. H. Dawson</u>			How related to deceased <u>Grand Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>arterial sclerosis</u>	How long <u>Don't know</u>
Immediate <u>Angina Pectoris</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. B. Daybrook M.D.</u>
	Address <u>Cumberland Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

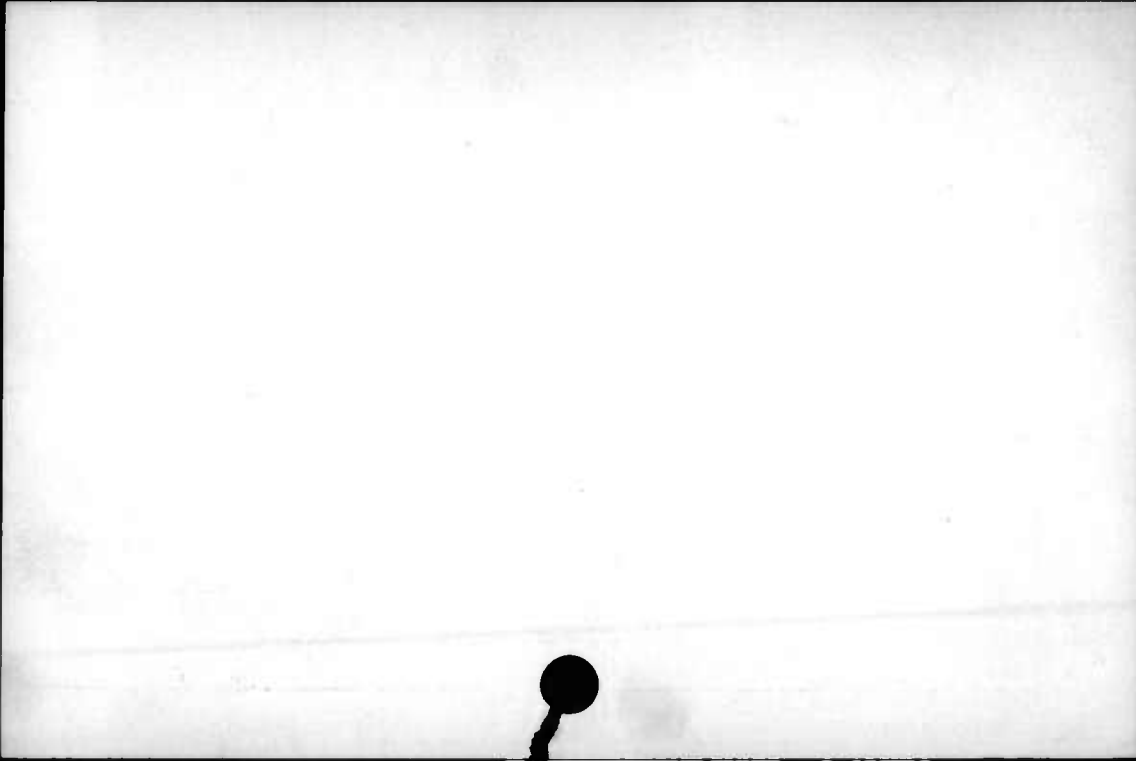
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>William Wilson</i>		Town <i>Lonaconing</i>		County <i>Alligum</i>		State <i>MARYLAND</i>	
Died at <i>Lonaconing</i>		Month <i>Dec</i>		Day <i>23</i>		Age <i>66</i>	
Date of death 190 <i>3</i>		Month <i>Dec</i>		Day <i>23</i>		Age <i>66</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Scotland</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Miner</i>					
Name of Wife or Husband <i>David Wilson</i>		Father's Name <i>David Wilson</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Mary McCall</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving In formation <i>Anna Wilson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Body Crushed Back broken by fall from life line</i>	How long <i>Instantly</i>
Immediate <i>Shock</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. S. Kelling</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1903

Month

12

Day

27

Age

Years

31

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

J. C. Wintermyer

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Brother James Wintermyer

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever.

How long

3 weeks

Immediate

Broncho Pneumonia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

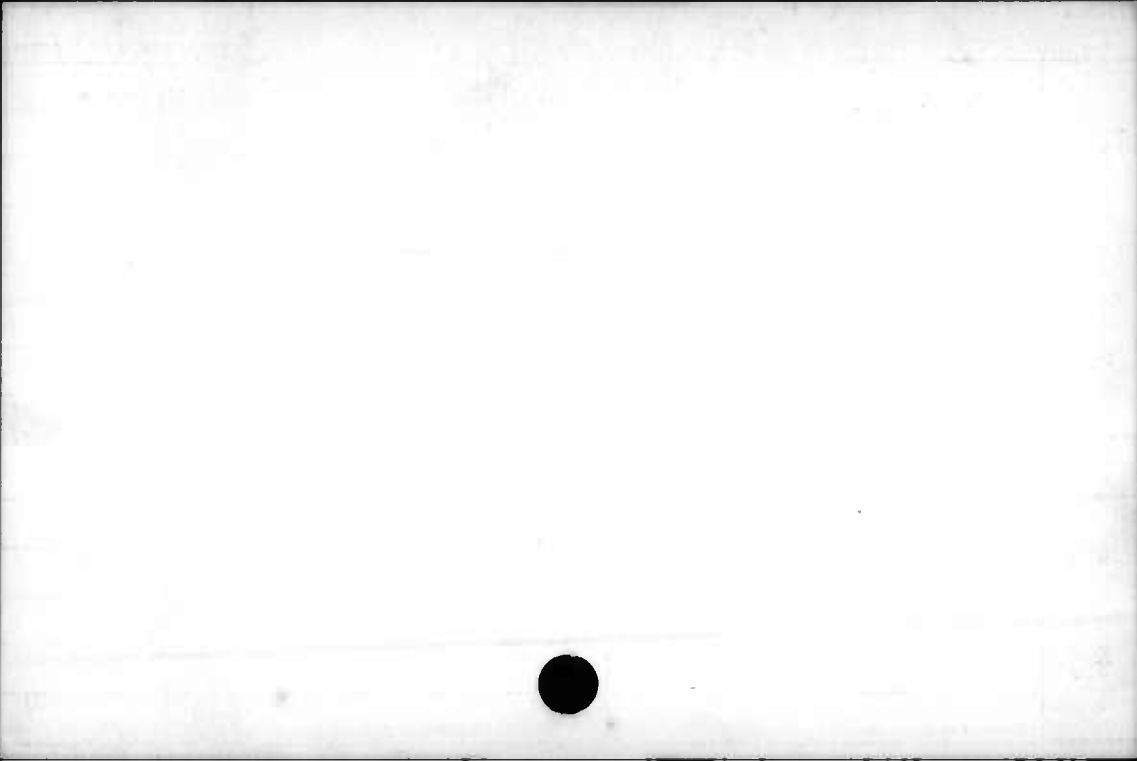
Signature of
Physician

J. R. Fortina

Address

Cumberland Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>alligany</i>		County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>5</i>	Age	Years	Months <i>14</i>	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>J. M. Yarnall</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Jane Morgan</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>J. M. Yarnall</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Brain embolism</i>	How long <i>2 days</i>
	Immediate <i>convulsion</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. S. Hails M.D.</i>
		Address <i>Cumberland Ind</i>
Accident or Suicide?		

